STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.		31
£AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
ADAMS	Nov. 1, 198	6	3:011
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
18_22 YEAR		MONTHS DAYS	HOURS MIN

EX	4. RACE	5. DATE OF BIR
Male	White	00-10
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED
. 1 1	III C	LIVID OLIVED T

MIDDLE

NEVER MARRIED DIVORCED X WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Wicomico 120 USUAL OCCUPATION TTYPE OF WORK FOR MOST OF WORKING LIFET Worker

13e.STREET ADDRESS / ZIP CODE

MIDDLE

126 KIND OF BUSINESS OR INDUSTRY Landscaping

Salisbury	Deer's
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 135. COUN	
Md.Delaware Sus	ssex

160, WAS DECEASED EVER IN U.S. ARMED FORCES?

FIRST

Wilbur

GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Seaford

LAST

Head Center

13d. INSIDE CITY LIMITS? YES [NO 15 MOTHER'S MAIDEN NAME

C-Airport Road

9 BALTIMORE CITY OR COUNTY OF DEATH

4. FATHER'S NAME

CITY OR TOWN OF DEATH

REGISTRAR DECEASED NAME

TYPE OR PRINTS

166 SOCIAL SECURITY NO. 218-16-6920

17 INFORMANT

ADDRESS

LAST

N	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)
	18 CAUSE OF DEAT	H (Enter only one cause pe /AS CAUSED BY:

line for (a), (b), and (c) IMMEDIATE CAUSE (a

Mr. Stanley Myers

Delmar, WDeState 955 APPROXIMATE INTERVA

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a.	ACCIDENT WAS UNDERLYING	

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

190 DATE OF OPERATION

P.M 71e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

STATE

WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL

220.1 certify that (1) (this haspital) attended the deceased from

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

CITY OR TOWN

22b. SIGNATI

saw the deceased alive an.

22d. PHYSICIAN'S NAME (TYPE OF PRINT) G. de los Reyes, M.D.

PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS

DEGREE

Deer's Head Center: Salisbury

(SPECIFY) Removal 236 DATE 11-8-86

(did) (did not) view the bady after deat

23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

COUNTY

STATE

74 FUNERAL DIRECTOR

Anatomy Board

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

16:60M 7/84 VRA 15, 41

WPORT

Balto., Md.

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NOV 2 7 1936 from School Colors

THE AN ADDRESS OF THE STATE

	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	8 6 3	3 2 2 3
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
-23048	I. DECEASED NAME FIRST	MIDDLE LAST		DAY YEAR 26 HOUR
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tor, page after dea	3. SEX	4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4 r	FEMALE	WHITE OUT 8, 1907	/9 YRS.	
nerol di in 72 hou	To. BIRTHPLACE (STAN ORFOREIGN NORST CAROLIN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	OF DEATH MD.
by the furthfiled with	10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 8 should be fill exchange from 18 benn	USUAL RESIDENCE HE NURSING HOM 130. STATE 13b. CI	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 120. SPECIFIC YES NO 130. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	newel St 2180
MARYLA MARYLA Marking ed within and etching should	TO BERT	SAMUER WILLS BUS	AME MIDDLE	ANAFFEY
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 213-83-0279 108 ERTA	Renkon, 5	Issury Mel.
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that the a by the o ease reme bl, cremat	gave rise to immediate cause (a), stating the underlying cause last		awks	
200 ses	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir or offending physicion. Wher this certificate has been sig os the burial-tronsit permit. Ther th and Mental Hygiene prior to be orked or Item 18 shows any injury	190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCUENT WAS UNDERLYING	Abdanius Duck MASS	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
N OF VITAL SICIAN: The ng physicio		DEATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
DIVISION DING PHYS or attendin After this c e os the bur olith and Me	OR CONTRIBUTING CAUSE OF LIFE TIMER, NOT LIFE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDIN fol or OR: Af or use o Heolfi		aspital) attended the deceased fram, 19		19, that (I) (we) last
Fig 50 5	saw the deceased alive	test view the body attended.	death accurred an the date and hou	r and from the causes stated
AL OR A the hos AL DIRECTORED STEEDEDT.	177h SIG PATURE	Andling M. DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11186
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Bb TO Should be shown a should be shown a should be shown a sh	230 BURNA, CREMATION, REMO	VAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY MANY ATE
DHMH - 16 60M 7/84 (VRA 15, 4)	POKET 4	words Spiegen Med 250 DA	NTE REC'D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE

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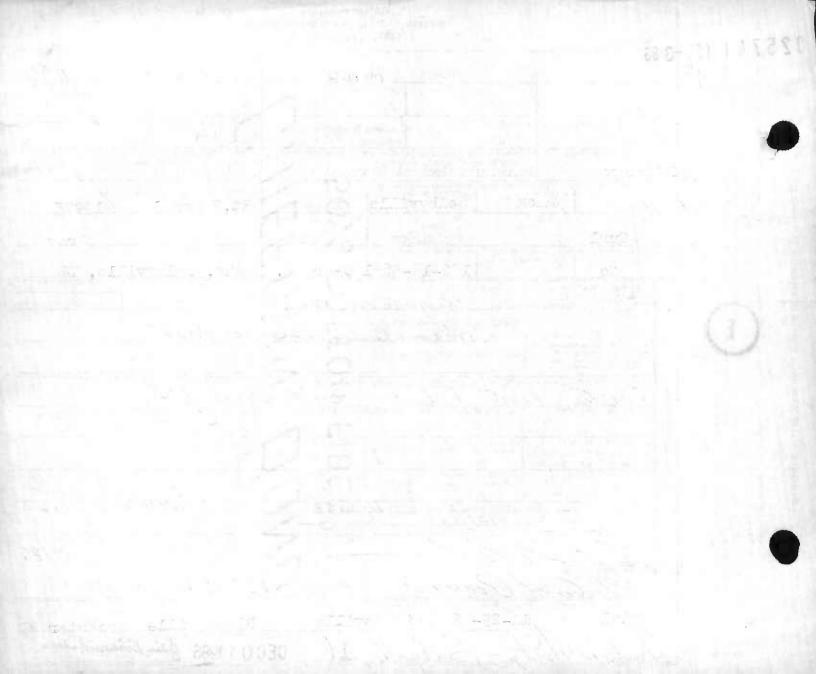
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AND 213	13a. S	aryland	COUNTY Vorcest		13c. CITY OR 1	own City	YES [NO 🗆	Liffle Man	67ºFP8fil	or Park	21842
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ST, BAL rifficate physical companies event, th		18 CAUSE OF DEATH (E PART I. DEATH WAS (nter anly one of CAUSED BY: MEDIATE CAUS		line for (a), (b)	40 Pu	mo	nay	Amest		BETWEEN C	MATE INTERVAL MSET AND DEATH
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Corvital Cor	U	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH		F INJURY M. MONTH M.	DAY YEAR	71c HOW IN	JURY OCCUR	YES NO	YES		NO 🗌
NG PH offer on the mod w	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	IAI		OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	216 LOCATI	ON	CITY OR TO	1 C1	COUNTY	STATE
ATTEND osadal o ECTOR, y of fee ose at of Heal		220.1 certify that (1) (this saw the deceased a abave, (1) (we) (tid)				9, ar		(aur) apinian	death occurred on the d	, IS	and from the o	
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ВР	Cr	URIAL, CREMATION, REA SPECIFY)		DATE 11/19		Salisbury		atory	Salisbury			Maryland
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RE,	9-14 9-14	10		VAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT		ADDR	ESS		
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* ·	by by	or at		underlying cau	se lost.	((c)_								
, 20	n pl	ury, o		PART 2. OTHER SIG	SNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	TERMIN	AL DISE ASE OR CO	DITION GIVE	N IN PART 1	10
RDS	The	0 :5	o Z	Congreso	int 1	Least	Paile	22 .	Ac1150	De	inal da	relune	9	
8	17	8 EC	1	19a DATE OF OPER	ATION	196. COND	FOR WHICH	OPERAPIO	N WAS PERFORMED		20a AUTO	20b. IF YES,	WERE FINDS	NGS USED
8 2	5 2 2	11/	CERTIFICATION			1					YES NO	IN CERTIFY YES		S OF DEATH?
A t	2 47	4 4	1	210. ACCIDENT WAS U	NDERLYING [7 216. TIME C	OF INJURY		21c. HOW INJURY OCC	CURRED				
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2 5	B 80	2 4/	ğ	(IF EITHER NOTIFY ME			.M.	19	211 LOCATION					
S E	7 44	2 2 p	MEDICAL	21d. INJURY OCCU			OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET		CITY OR TO	OWN /	COUNTY	STATE
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9 60	0 4 4	AD B		22a.l certify that	1)(the hosp	tol) ottended)	ne decoused from_	//	116/06,19		. to 1//e	29/01	4	tho (lost
1	0 0	7 2		sow the deced	sed alive an	t view the body	24/86 19_	, di	nd that in (my) (our) opini	nion de	oth accurred on the d	ate and haur	and from the	causes stated
	Day De	1 6		22b. SIGNATURE	(did) (did.oc	of view the body	atter death.		DEGREE				22c. DATE	SIGNED
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¥	to P. C. P.	# %		Low	Ono	Z. Co	all me	2	POBOX26	63	6 Sallsbi	my m	10018	0 /
000	4.78	# 3		BURIAL, CREMATION	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATOR		23d. LOCATION	7		
(1411	BP		1	Surial		11-29			pville	4	Richontown	77 - 11	COUNTY	STATE
7/1	4		74 F	MEM DIRECTOR	- 1		3	~~~	1 250 1	DATE	PL STIO DV	1256 REGISTE	AP'S SIGNA	ster MD
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STATE OF MARYLAND



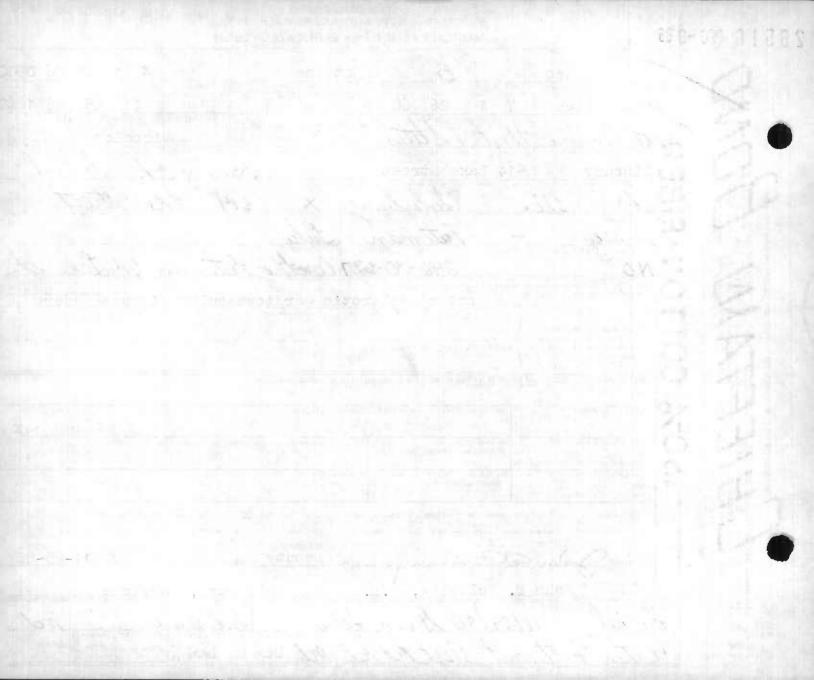
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	1 -	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE	Trave
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000 1101		OR PRINT)	MIDDLE	A LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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Ou 83 0	1 SE	ma	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
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h Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR'	Y? 8. MARRIED DIEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
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9	Age	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK AGE MOST O	
do s	Ka i	isbury	Peninsula Gene		MARDU	11100 1100 111
no lo	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13e.SIREET ADDRESS	
2 B	36	MA	NOR O.C	YES NO DE	10	WRSE RD 2184
g as	IL FA	THER'S NAME	00/	15. MOTHER'S MAIDEN NA		
3 90 5/3/	7	FIRSDAY A	MIDDLE POATT	FIRST	SIDILE	EP LAST
of Co	16n \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	SSS .
ex pos s	1	YES, NO OR WIKNOWN) (IF YES, GIV		2.	001-	Dernal City
9 1	_	YES	orea as-we	130 41/11/19/91	(NA)	OCETHO CITY
9 9 9 9		III. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H 40 0 5			TE CAUSE (a) HEPAT	IC COMA		
and the second			DUE TO, OR AS A CONSEC	NIENCE OF		
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by the service of the	١.	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DSIS OF LIVER DUE TO	SCIEDASING	CHOLAN STAS
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uigne en p	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART Tra
E 555	110				Van autopolio	In the second se
3 4 6 6 6 6	CA	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
20 4000	TIF				YES NO	YES NO
Z S S S S S	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
54 159 1	AL	OR CONTRIBUTING CAUSE OF DEA		19		
25 S S S S S S S S S S S S S S S S S S S	MEDICAL	21d, INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
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+: 5	23 a.	BURIAL, CREMATION, REMOVAL		L. NAME OF CEMETERY OR CREMATERY	23d. LOCATION	TATE ATATE
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E 0.00	24 F	UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4	1	11 NAME A1/11	ADDRES	SERVINA MA	126 1986	1 Triber Parlace
(VRA 15, 4)	1	1LLKICH	KIN, I	JEKLIN IIID, INNI	1261980	- Diadem Rendelle





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	ASTRE	1. SE		5. DATE OF BIRTH 6. /	GE IN YEARS IF UNDER LYR. LIE LINDER	R 24 HRS. 20 DATE MON	
	NAS S		Male Black	7 4 26	AST BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 11	25 19 86 1640
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	AND TO SERVICE OF THE PROPERTY	No	th Carolina	United Sta	Ces WIDOWED DIVORG		ico MD
	2 H 2 H 2 H	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WE	ORK 126 KIND OF BUSINESS
	30470		alisbury	614 Lake Str	eet	Doard of Col.	School
9	Section (USU	AL RESIDENCE (IF IN NURSING HOME OF LATE 136 COUNTY	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	TOWN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS /	16- 1710XI
212	多名名の語の	1	nd 6/1	sole	res X NO [1000	Street 2/801
M.	102001	14. F/	THER'S NAME	MIDDLE D MAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
ORE	48 × 48 +	1	VAS DECEASED EVER IN U.S. ARM	- Jalen	SECURITY NO. 17. INFORMANT	ADDRESS	
TIM	RATORS /			WAR OR DATES)	SECURITY NO. 17. INFORMANT	A A ADDRESS	119 B 0+
N N	A SPERSON		LIL CAUSE OF DEATH /	X76°	SO GET NUCROLAND	(Dleman (ol	APPROXIMATE INTERVAL
ti,	0000		PART I DEATH WAS CAUSED	ו מוד בין דיין	sclerotic Cardi	orrangulam Dinas	BETWEEN ONSET AND DEATH
NO.	NAL SEED A	-	IMMEDIAT	DUE TO, OR AS A CONSEC		ovascular Disea	ase years
12	N A STAN		Conditions, if ony, which				
8	SA THAN	1	gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEC	DUENCE OF		
201	S A A A	10	lying couse last.	(c)			
9	AANO AANO	1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART L (a)	
8	NEW	NO.					
2	A FEB A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED?		20 AUTOPSY?
VITAL	XXXDOWY	E					YES NO IX
8	A HE WORK THE WORK TH	8	71a. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
NO.	SHOOP S	3	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	19		
PIVISION OF	PER SE	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	THOME. 211 LOCATION	CITY OR TOWN	COUNTY STATE
ō	WRITE ATE	2	WHILE AT WORK			CIT ON TOWN	37872
	ATE. CORN			ge of the remains described obove,	held an Autopsy , Inspectio	on X. Inquiry X, and in m	ny apinian
	NE STEEP		death resulted fram: Notur	ral causes XX Accident	, Suicide , Homicide	Undetermined monner .	
-	EXAMI CERTIFI UID BE DIRECT WARYL				TITLE (SPECIFY)		
	4#94# -		ACTUAL SIGNATURE	6 Coulbule	M.D. Deputy	MEDICAL EXAMINER SI	ATE 11-25-86
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S NAME TO TO SO				
			TYPE OR PRINT) JOHN			lisbury, Maryla	ınd
	52 A 5 A A	23a.B	URIAL, CREMATION, REMOVAL 2	3b. DATE 23c NAN	E OF CEMETERY OR CREMATORY	234 LOCATION COLORIGINA	COUNTY . STATE
07/84 25M	BP	7/ 5	UNERAL DIRECTOR	1129186 11	un Hous	DECID BY DECISION DISTRICT	VIL Mal
330	DHMH - 17	10	NIME TO A	DORES /	ALL DE DATE	REC'D. BY REGISTRAR Ω 4096	R'S SIGNATURE
	(VR A15 ME (5))	1/	Intern to MI	WYMI LIDAL	REF MELLICK UE	O O ISOU I	



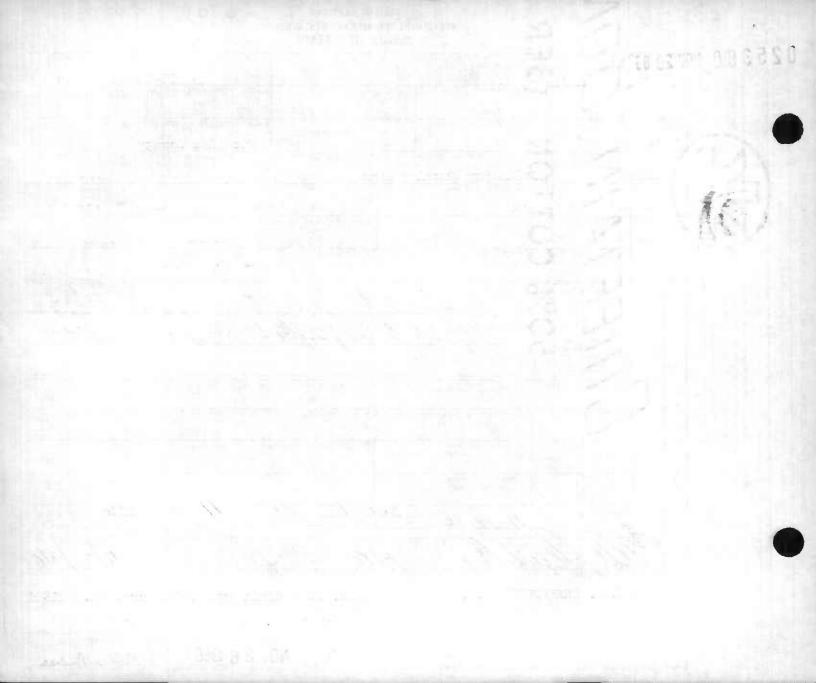
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

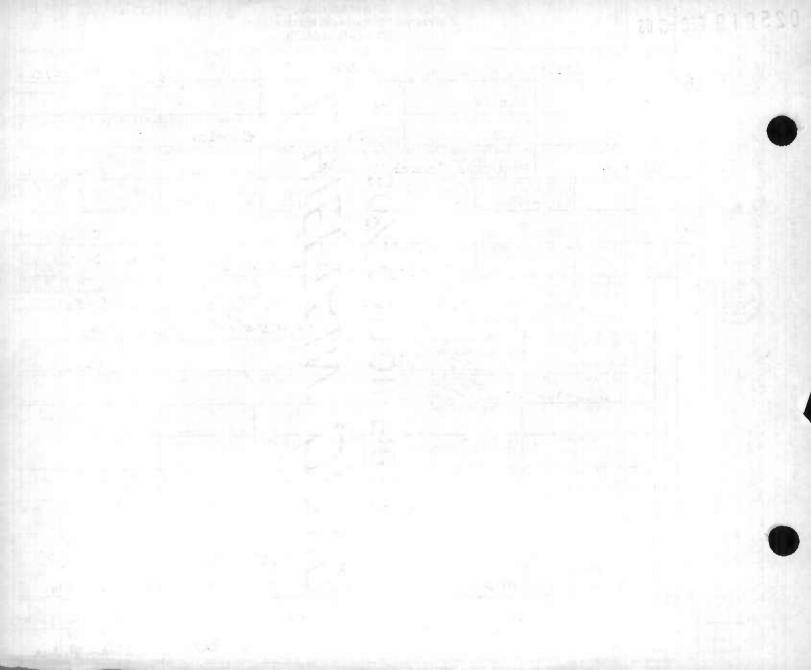
CERTIFICATE OF DEATH

REGISTRAR								REG. NO.		
DEGARBNAME	ADDII	MIDE		L	ĀŠĪ	U C V	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	ADDII		M.	BET	1 10				-20-86	1:p
3. 5EX	4. R	ACE		5. DATE C		YEAR	6. AGE IN YEARS	SLAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
Fema		White		Ma		1899	87	YRS		
COUNTRY)	ON FOREIGN 7b.	CITIZEN OF WH	IAT COUNTRY	? 8 MARRIEI	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
Market State	Md.	US	A	WIDOWE		NORCED [ico Cour		M
II CITY OR TOWN OF		(IF NOT IN SUCH FA	ACILITY, GIVE STREE	T ADDRESS)		TITUTION	12a USUAL OC	CUPATION RMOST OF WORKING		OF BUSINESS O
Salisbury		Salisbur			me		House	Wife	No	ne
AL RESIDENCE IFF	136 COUNTY		E RESIDENCE BEFO C. CITY OR TO		13d. INSIDE	CITY LIMITS?	13e.STREET ADD	ORESS / ZIP CO	ODE	
Maryland	Wicom	nico S	Salisbur	у	YES 🔀	NO []	312 E.	Vine Str	eet 2	1801
IN FATHER'S NAME	MIDD	DLE	LAST		15. MOTHER	S MAIDEN NAM		NIDDLE	LA	ST
Joseph	Richa	rd D	riscoll			Lillie			Row	nd
(YES, NO OR UNKNOWN)			b SOCIAL SEC	URITY NO.	17_INFORM	ne D.Wil	lean D	ADDRESS		
					Touri	ne D.WI	ISON D.	WIISON	Same as	13 abov
IS CAUSE OF DE	ATH (Enter only a H WAS CAUSED BY	ne cause per lin	e far (a), (b), a	Ad (c)	41	1	. /		BET INTER	CHICK AND DEATH
PARTI. DEATE	IMMEDIATE C		KIEL	rel	1000	106608	11		10	nay
		DUE TO, OR A	S A CONSEQU	UENCE OF	12-1	ask	is selle	115	1	un.
Conditions, if a	iny, which	(b)	Gen.	elai	sen	aug	11 8000	rosso	/	100-
gave rise to couse (0), st	oting the	DUE TO, OR A	S A CONSEO	UENCE OF						
underlying co	use lost	(c)								
	IGNIFICANT CON	IDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN PART 1	ra
OI.										
146 DATE OF OPE	RATION	196 CONDITIO	ON FOR WHIC	H OPERATIO	N WAS PERF	DRMED	20a AUTOPS		YES, WERE FINDS	
4								0 🗆	YES 🗌	NO 🗆
		11b. TIME OF II HOUR A.M.	MONTH I	DAY YEAR	21c. HOW II	VJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR PART 2)	
(IF EITHER NOTIFY A		P.M.		19						
(IF EITHER NOTIFY A		21e. PLACE OF	INJURY FACTORY, OFFICE	FARM ETC)	211 LOCAT		C	ITY OR TOWN	COUNTY	STATE
AT WORK NO	T WHILE				1	- cu	,	11	and the second	
The second secon	(I) (this hospital)	ottended the	eceased fram		7 /	_, 19 <u>8</u> F	, to	6-60	1900	that (1) (we) la
physic (h) (w	eased olive on	ew the body alt	ter death.	, аг	nd that in (my) (our) o pinion o	leath accurred o	n the date and l	haur and Iram the	e causes stated
TE GENERATURE	1/1/2.	. //	7	/	DEGREE				22c DATE	SIGNED
Doug	Hele	arce	1	M		PHYSICIAN 5	MEDICAL DIRECTOR [PHYSICIAN	11/	21/84
220 PHYSICIAN	TNAME ITH OFFE	NII)			22e ADDRE	SS				
EARL M	1. BEARDS	LEY, M.	D.		Rt.	50 & C:	ivic Ave	. Salis	bury. Mc	2180
30. BURIAL, CREMATIC	ON, REMOVAL 2	36 DATE	230		EMETERY OR	CREMATORY	23d. LOCATIO	N		
(SPECIFY) Burio	ıl	Nov.24	/1986	Parson	s Ceme	etery	Salis	bury, Mo	aryland	21801
4. FUNERAL DIRECTOR							REC'D. BY REG	ISTRAR 25b. REG	ISTRAR'S SIGNA	TURE
HOLLOWA	Y FUNE	RAL HO	ME-SA	LISBUF	RY,MD	NO	IV 2 6 19	186 1	· Divideo	P. Las

DHMH - 16 60M 7/84 (VRA 15, 4)

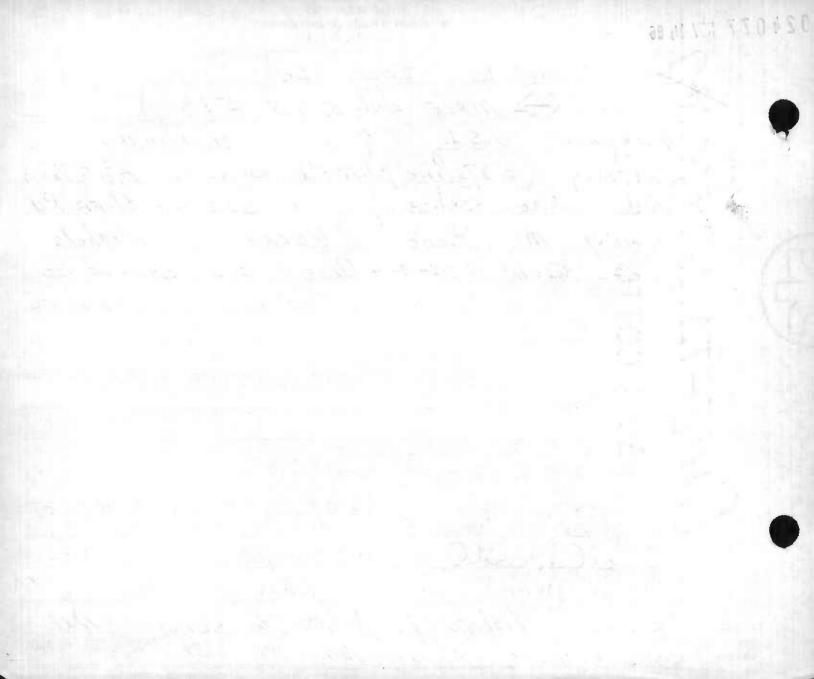


5919 DEC	-	FOR TATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE O REG. N	J J	6 0
1 75	1 DE	CEASED NAME FIRST CURTIS	HENRY	B	IRCH	20. DATE OF DEATH	MONTH DAY	86 1010 M
and other p		MALE	4. RACE WHITE	5. DATE	DF BIRTH 5 1901	6 AGE (IN YEARS LAST BH	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
death, to	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) ATYLAND	76. CITIZEN OF WHAT CO	MARRI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF WICOMICO	OR COUNTY OF DE	ATH MD.
4 4 5	Sa	1 isbury	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Peninsula G	eneral Ho		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Store Owne:	of working life! IND	kind of Business or ustry rocery, etc.
17.	Ma		ROTHER INSTITUTION, GIVE RESIDE NTY ester 13(, CITY Ber.	ence before admission OR TOWN 1in	134 INSIDE CITY LIMITS?	Rt. 2, Box	/ ZIP CODE Ber	lin, Marylan 21811
1 11/2	10	ATHER'S NAME Llliam Littlet	on Birch	LAST	Rebecca	WE		Hall
h and h be essen	1	MAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	32 0357	Victor Henry	Birch Rt. 2,	Box 351,	Berlin, MD
law requires that the death, or been signed by the attachment. Then please remove Core e-prior to burial, cremations, and a stage milety, or other trauman.	CERTIFICATION	Canditions, if any, which gove rise to immediate cause ion, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A CO	ONSEQUENCE OF SING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200. AUTOPSY?	20b. IF YES, WERE	
ING PHYSICIAN. The content of physician when the buriotropial is the outle buriotropial in the outlet on term 18 show	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJUR' (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	211. HOW INJURY OCCUR	YES NO	YES	NO ART 2)
HOSPITAL OR ATTEND FUNERAL DIRECTOR. Mid be detoched for use the the Store Dept. of Heo OORTANT. If here 21 is in		120 I certify that (I) this hasp sen the deceased alive an abave, (I) (we) (did) (did not	at view the body atter deat	7 10 0 6	ad that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	224	DATE SIGNED
2 € 2 5 1 3 1 - BP	23a E	BURIAL, CREMATION, REMOVAL Urial	23b. DATE 12/2/86	Evergre	EMETERY OR CREMATORY en Cemetery	23d LOCATION Berlin	Worceste	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		NERALDIRECTOR Kirk Burbage	108 Williams Berlin, M	Street Maryland	21811 DE	C 2 1986	256 REGISTRAR'S S	

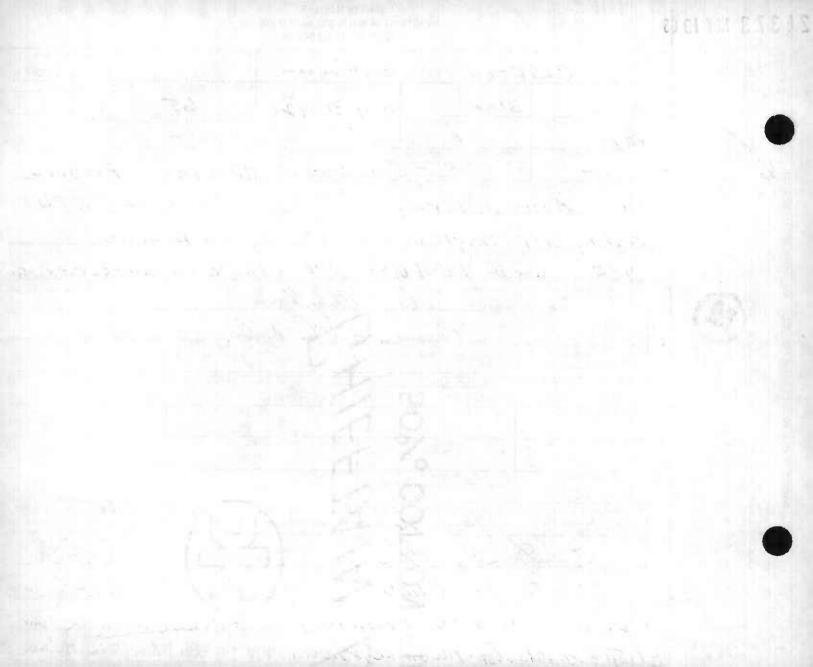


THE THE PARTY OF T

2h HOUR IF UNDER 23 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (our) opinion death accurred on the date and have and from the causes stated 23c. NAME OF CEMETERY OR CREMATORY 74 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Ilia Dandon. (VRA 15, 4)



24373 NOV 198	S _{1 -}	STATE OF MARYLAND S O 3 5 2 5 4 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DEC	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
3 75			FTON	Brittingham	110145 00	0 10,1980 0830 M				
do de la companya de	3. SEX		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
ge 4 m	b. 027	Male	Black	May 31 1921	65 YRS.	MONTHS DAYS HOURS MIN.				
3 3 30 90 9	Jo. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH				
	3	Va,	USA.	WIDOWED DIVORCED	Wicomico	MD.				
		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY				
120		Lisbury AL RESIDENCE (HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BY	FORE ADMISSION)	Trucker	COOCO				
BALTIMORE, MARYLAND 2120 are be executed within 24 haun cian and completely filled in the ers. Pages 1 and 2 shauld be fill if.	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 186 COUN	OMACK HOYS	A	13e STREET ADDRESS 73 OK 7	201 R FD				
arthir stely 2 sh	14. FA	THER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN NA	AME	TZAL				
MAR w ted w		Ashbu B	rittinghay	n Daise	V Milbour					
d co		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO. 17. INFORMANT	ADDRESS					
MORE e execu	(4	es, no or unknown) (IF YES, GIV	ar II 231-01	-6681 Albert	Ta Brittinghav	M-HOVSEY, Up,				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL NG PHYSECIAN. The low-requires that the death certificate attending physician. Then the certificate has been signed by the first of the business from the physician control by great persons. Then phenome a signed by the first phenome and wenter thought to the first phenome and wenter that the state of the first phenome and when the state of t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	CUENCE OF The Re	Ten with hise	APPROXIMATE/INTERVAL BETWEEN ONSET AND DEATH ATTEMPT OF THE PROTECTION OF THE PROTE				
100 pt 10			(c)			D. C. D. D. D. J.				
S, 2 uire uign uiry.	N O	PART 2. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110				
L RECORD The low red Done Description De	FICAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO				
ATIV TO STATE OF THE PARTY OF T	CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)				
OF STATES		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
No dring of the control of the contr	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE				
VISI of the standard of the s	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CHY OK TOWN	COUNTY				
D S S S S S S S S S S S S S S S S S S S		22a I certify that (1) (this haspi	tol) ottended the deceased from	ım 11/9. 19 8		, 19 C , that (I) (we) last				
10% 10% 10% 11%		sow the deceased olive an	/	//	death occurred on the date and h	our and from the couses stated				
A PER		22b. SIGNATURE	1) view the body offer death.	DEGREE		22c DATE STONED				
the De Process	1	(Sound	1 0	haw KAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/10/16				
PITA by Stoded	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS	2 June of Children of Children	7700				
TO HOSPITAL (retoined by the TO FUNERAL (should be detowith the Stote Ellimportant); if		BENIT	0 S. CI	YAN 547-11	River side	Br. Nel. HO				
D = 5 + 3 ₹	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
MAN BPO		130mal	11-15-86	Friendship	Wattsville- H	comack the				
DHMH 16 50M 4/82	24. FL	INERAL DIRECTOR	1 A ADDRE	120 01	TE REC'D. BY REGISTRAR 256. REGI	~ A .A .				
(VRA 15, 4)	K	eith E. S. He	raston-HCCO	mac, 66,23301 NI	DV 1 8 1986 Auti	a Divideon. Randall				



		FOR			DEPAR		E OF MARYLAND LEALTH AND MENTAL HY	GIENE O	3 3	to	63 60
140 NOV	8 1	CERTIFICATE OF DEATH REG. NO.									
	1. DE	CEASED NAME	FIRST		MIDDLE		AST		ONTH DAY	YEAR	2b HOUR
poge 3	(TYPI	OR PRINT) Wa	lter	G.	•	Bittir	hinghain	Novem	her 11	1986	2205 M
ofter o	3. SE	x Male		4 RACE White		5. DATE (6. AGE (IN YEARS LAST BIRTH	MON	INDER I YEAR	IF UNDER 24 HRS
direction of the course	70 B	RTHPLACE (STATE OR F	OBLICAL		WHAT COUNTRY	2 8		81 9. BALTIMORE CITY OR	COUNTY OF	DEATH	
22/20		elaware	OKEIGIA	U.S.A		MARRIE	D NEVER MARRIED DIVORCED	Titi gomi go	COUNTYOR	DEATH	MD.
Sed with	10 C	ITY OR TOWN OF DEA	\TH	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE ula Genei	ET ADDRESS)	or other institution spital	120 USUAL OCCUPATION OF WORK FOR MOST OF VICE-Preside		NDUSTRY Buyer	s-Marketa
must be	USU 13a	AL RESIDENCE (IF NURS STATE Caryland	ING HOME OF			ORE ADMISSION)	134 INSIDE CITY LIMITS?	136 STREET ADDRESS /	ZIP CODE		
18	_	THER'S NAME				,	15. MOTHER'S MAIDEN N		ne D1.,	2100	
		Harry	(D. B	rittinghar	m	Gertrude	MIDDLE	٧	White Nas	т
di di		VAS DECEASED EVER YES, NO OR UNKNOWN) No		MED FORCES? /E WAR OR DATES)	216-09-		Same as #1	Georgia L. B	rittingh	am (Wife)
ovol. ent, th		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one cause per	r line for (a), (b), a	and (c)	1 6	1			MATE INTERVAL ONSET AND DEATH
eve		PARTI. DEATH W		TE CAUSE	K	eshil-	ntry tai	lute			
or o				DUE TO, O	R AS A CONSEO	UENCE OF	11/	1			
roum		Conditions, if any,		(b)_	Chro	nic o	55 Buchre	//u/mononz		- 14	
or other troumotic		couse (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEO	UENCE OF		200	ern	- 3	
ry,	7	PART 2 OTHER SIGN	VIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	1		
prior to ony inju	CERTIFICATION	Cor	PNI	mong	118,0		acalty/hm		mone		
	FICA	19a DATE OF OPERA	ION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN	ERE FINDING CAUSES	OF DEATH?
ed or Item 8 show	RT			2 44 5446	of the Livenia		100	YES NO	YES		NO 🗌
2		210. ACCIDENT WAS UND	_	21b. TIME C	.M. MONTH I	DAY YEAR	THE HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	ORPART 2)	
7	MEDICAL	(IF EITHER, NOTIFY MEDI			.M.	19					
	AED	214 INJURY OCCURE		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR JOW	N	COUNTY	STATE
	-	AT WORK NOT WH	RK			. 1	1				
S S S S S S S S S S S S S S S S S S S		22a I certify that (I)	(this hasp			1175	19_8	6 , 10	, 19_	86	that (I) (we) lost
21		saw the decease obove, (1) (we)	ed olive or	t) view the book			d that in (2) (our) apinio	n death occurred on the dat	e and haur an	d from the	couses stated
If Item 21 is		226. SIGNATURE	Λ	No mile bady	dier dedin.		DEGREE	1		22c. DATE	SIGNED
*	21		NO	agger		MD	ATTENDING	MEDICAL STAFF	AND	11/1	2 78
Z		22d. PHYSICIAN'S NA	AME (TYPE	OR PRI		- 1	22e ADDRESS	- Director - Titalen			10
IMPORTANT: IF		D. Sagge	ar, M.	D.	Ealth		547 River	side Drive, Sal	lisbury,	Md.	21801
<	23a. I	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY		re	OUNTY	STATE
tuo-		Burial		11/15	5/1986 W	icomic	o Memorial P	ark Salisbury	, Wico	mico,	Maryland
OM 7/84	24 F	JNERAL DIRECTOR					SA-PA	AJE REC'D. ADTO DISTRARY	Sh REGISTRAF	S SIGNAT	URE
4)		Holloway Fu	nera.	Home,	P.A., "Sal	isbury,	Maryland 10	117.000 A	the diame	born for	ulace

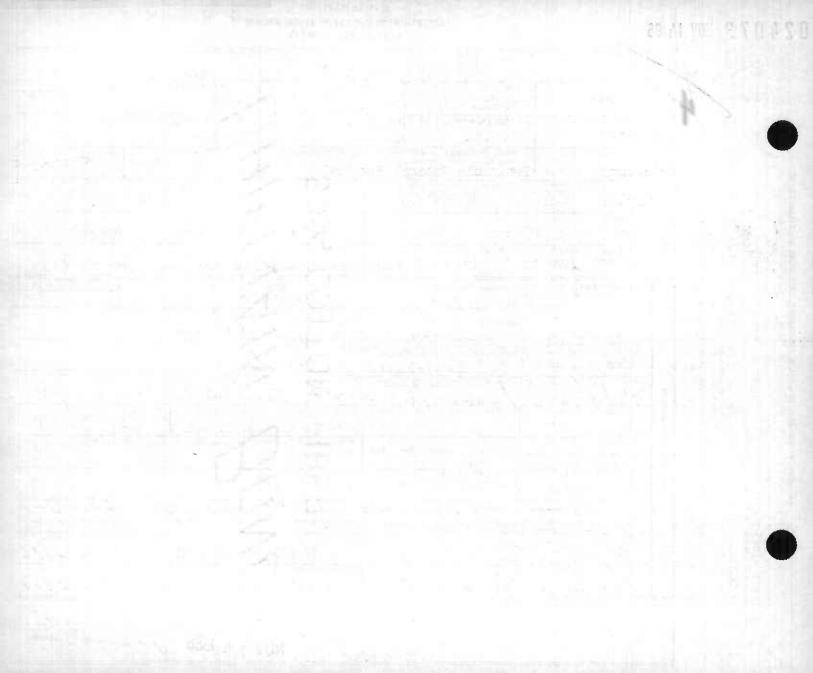
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 025898 DEC GISTRAR REG. NO DECEASED NAME KNOWN [20. DATE (TYPE OR PRINT) Nov 861645 Buchanan ,Sr. William Robert DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE RONOUNCENOV 02 132 White Male TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. Lowa WIDOWED | DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS eninsula General Buisness Man-Draperies Hospital Salisbury UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE Salisbury 13b COUNTY 13d. INSIDE CITY LIMITS? Bx 543 Navlor Wicomico Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Feehly Buchanan Gertrude Lawrence & WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 481-28-1286 Shirley-wife- same Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA PRESTON ST., PART I DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF minutes Infarction Canditions, if any, which Mvocardial gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. teriosclerotic Cardiovascular Disease years DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 3 718 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inquiry K 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Natural causes death resulted fram: Accident Hamicide Undetermined manner 11/24/86 MEDICAL EXAMINER EXAMINER'S NAME Thomas C. Hill Jr. M.D. ADDRESPine Bluff Road, Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE (SPECIFY) Burial Springhill Memory Garden's Hebron, Wicomico, Maryland 11/26/1986 07/B4 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** Hőlloway Funeral Home, P.A., Salisbury, Marylandel (VR A15 ME (5))

		1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE O O	40.	5 %	9 1
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and day	10	\$	SAMÜEL H	ENERY	BÜLL	IS	BELL			HALL	
n and or Pages	/		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	216-14-2		Juanita M. B	ullis(Wife)	Same	as abo	ve #13
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deoth certificate attending physicione corbon popelition, or removal.			PART I. DEATH WAS CAUSE IMMEDIAT	D BY: [E CAUSE (a)	(trop	O am	Um mone	axxies T			
equires that the death ce is signed by the attending then please remove corb to buriol, cremation, or a nivry, an other troumatic.		Z	gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (((c)	AS A CONSEQUE		NOT RELATED TO THE TER		OVAC V		· ·
beer mit. prior	9	CERTIFICATION	198 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
ifYSICIAN: The liding physician. is certificate bas buriol-transit per Mental Hygiene or them 18 shows	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCU				
ond ced		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
TTEN Portol for us of He			220.1 certify that (1) (the hospi sow the deceased alive an abave, (1) (we) (did) (did no	11/	1 may	86 .01	nd that in (my) town opinion	death occurred on the	lote and hour		that (I) (we) los causes stated
ral OR ATTE y the hospite Ral DIRECTO detoched for tote Dept. of 1			226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE	SIGNED 17/86
TO HOSPITAL Cretained by the TO FUNERAL Should be deto-with the State LimpORTANT: If			DO SPON	^ /	CZZ AS		145 C	Carroll	SH	SALIS	MD
T S Y S		23a. E	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		0.4 5:	Burial	Nov.21	/1986 S	pringh	ill Mem.Garde				
DHMH - 16 60M 7/8	84		INERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRA			
(VRA 15, 4)	- 1	-	OLLOWAY FUN	ERAL HO	DME.P.A.	SALIS	BURY, MD. NO	IV 2 6 1986	1	Twiden-	andall

172/c 87 87 NEWSYMP SITHER TRIBLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 4 0 7 3 NOV 1418 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECLESED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR BURTON DO DO DO DO DO LEON. MACE NOVEMBER IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH MONTH 6, 1915 MALE WHITE Sept. To BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. Wicomico DIVORCED [WIDOWED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR M CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE)
Welder INDUSTRConveyor IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13. COUNTY 131. CITY OR TOWN Maryland DorchesterCambridge Dorchester Cambridge 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? 209 Crusader Rd. NOF 15. MOTHER'S MAIDEN NAME 14_FATHER'S NAME ű ohn Riley Viola Burton May **JOnes** ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 214-07-7522 Mrs. Marjorie Burton, same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOF YES X 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN LAT HOME, STREET, FACTORY OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (aux) apinion death accurred on the date and have and from the causes stated saw the deceased alive on above (1) (we) (did not) view the body after death. DEGREE Th. DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be POBOX 2636 Salisbury 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 11-14-1986 Dorchester Cemetery Cambridge, Dorhcester, Md 308 HIGH ST. 250 DATE REC'D. BY REGISTRAN 256 REGISTRAN S SIGNATURE date. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 NAME CURRAN FUNERAL HOME CORESS Cambridge . Md (VRA 15, 4)



023	8 8 2 5 NOV	13	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
			CEASED NAM	F FIRST	IVIE	MIDDLE	EVAMIL	IEK 3 C	AST	ATE OF DEA	20 DATE KNOWN		DAY Y	EAR 75 HOLE	
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	DIRECTIONS FILE		Male	White	5. DATE OF BIRTH MONTH DAY	1921				OURS MIN	2t. DATÉ PRONOUNCED DE AD	11	5 198	86 12:55	
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	DELAY IS NECESSARY, PLEASE 3 TO THE FUNRRAL DIRECTOR. IN PAGE 5 EGX YOUR FILES. D BE FILED, WITHIN 72 HOURS RRS, 20L W. PRESTON STREET.	1D. C				I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deer's Head Center			R INSTITUTIO				Seafo	OR INDUSTRY Seafood	
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	S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN	160/		D EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT									
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	L. OHEN	CERTIFICATION	19a. DATE OF	OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						- L 14 F	20 AUTO	PSY?	
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	NER: THE STAND, 2		22a. I certi	fy that I taak char	ge af the remains de	scribed ab	ave, held an	Autaps	y X , In	nspection .	Inquiry .	and in my a			
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTMORE, MARYLAND		death result	Natu	oral causes .	Accident	L.J., <u>S</u>	uicide 🔼],	TITLE (SPE	CIFY	ermined manner	J. DATE			
	EDICAL EXA	1	SIGNATURE	NAME 7				M.		y Chief		SIGNI	ED	6-86	
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE AFTER DE BALTIMOE	23 a. B		TION, REMOVAL		23ε.	NAME OF CE	METERY OF	CREMATORY	y [23d, LC	St., Balto	O., ML		O1 STATE	
07/8		1	Cremo	ition	11/6/1986	S	alisbury	/ Crer	natory	Sal	isbury, Wic	omico	, Mary	land	
25M	DHMH - 17		UNERAL DIREC		ADDRESS				250	DATE REC'D. BY	REGISTRAR 256. RE	GISTRAR'S	SIGNATURE		
	(VR A15 ME (5))	В	radshaw	& Sons,	Crisfield,	Mary	land			NOV 1	2 1986	Julia J	Golden	0	

	1,	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
25348 NO	1 00	REGISTRAR	MEDICAL EX	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
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PLEASE ECTOR R FILES HOURE STREET	1.38	4. RACE	5. DATE OF BIRTH 6.	AGE (IN YEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE MON	H DAY YEAR 24 HOUR 10:4						
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wi dung 2 2	4	Tobal Thom	MIDDLE LAS	1//./.	MIDDLE Che	LAST						
		WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRESS	05/2						
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S CERTIFICATE RITING THE W RDED TO THE RE 3 SHOULD B E DEPARTMEN OF PRIOR TO B		UNDERLYING SOR	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 216 HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)						
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R: TI TE, DRW R: P, D, 2		22a Leartify that Ltack char	rge of the remains described above,	held on Autopsy X Inspec	tion , Inquiry , and in my	000000						
EXAMINER: CERTIFICATE, ULD BE FORW DIRECTOR: F WITH THE S			ural causes , Accident	, Suicide , Homicide X		, 00,111011						
ARYTHE ARYTH				TITLE (SPECIFY)	onderermined momen							
WAS SELECTED		ACTUAL SIGNATURE	Unarta Vore mo	/ 11	ant MEDICAL EXAMINER SIC							
ETHE SHOE EATH CATH	6	SIGNATURE	1	M.D. ASSISC	CHIL MEDICAL EXAMINER SIC	ENED 11/14/86						
AEDICAL CUTE THE SE 4 SHO FUNERAL TER DEATH	4	EXAMINER'S NAME (TYPE OR PRINT) Mare	garita A. Korell	M.D. ADDRESS	111 Penn St.							
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PAFTER DEATH, WITH THE ST. BAUTIMORE, MARYLAND, 2	230 (<u></u>	ME OF CEMETERY OR CREMATORY	123d. LOCATION							
	1	SCIFY) >	11/20/86 11	ing Green Come Tans	GITY OR TOWN	OUNTY OSTAIL						
07/84 BP	24.	UNERAL DIRECTOR LEWIS	Was - Course	ALL CALL COLORS	TE REC'D. BY REGISTRAR 25b, REGISTRAR	'S SIGNATURE						
DHMH - 17 (VR A15 ME (5))	12	NAME //	Flu Salisbury 3	m l	1 2 6 1986 Julia De	ridorn. Randall						
(AN OLD LET (D))	400	ynomy ward	THE DOWNORY ,7	/ M +	U							

5477 DEC-1	86-	FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE O REG. N	3 3 6	e ving
		ASED NAME FIRST	MIDDLE	Ĺ	AST	20 DATE OF DEATH		EAR 26. HOUR
0 e e		70000	4.	CI	xing	November		22054
oge 4 mo	1 SEX	Male	RACE White	S. DATE C		6 AGE (IN YEARS LAST BI	YRS.	DAYS HOURS MINL
death of 72 ho	Vi	THPLACE ISTATE OR FOREIGN 76.	U. S. A.	WIDOWE		MICOUITO		MD.
Total and the state of the stat	Sal	isbury P	NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI ENINSULA GE	neral Hos	pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Waterman	OF WORKING LIFE! INDUS	ND OF BUSINESS OR STRY ELL
TLANG 21	Vi	RESIDENCE (IF NURSING HOME OF OTH ATE 136 COUNTY PER'S NAME	ick Chine	orteague	13. MOTHER'S MAIDEN N		Roca 233	29999
E, MAR	Pán W/	William L. AS DECEASED EVER IN U.S. ARME	(herrix	AL SECURITY NO.	Bertha 17 INFORMANT	Megee ADDR	FSS	LAST
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T, BAL physici n poper movel,		8. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY:	, (b), and (c).)	ubeli		8E11	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ON The corporate of the		INVICEDIATE V	DUE TO, OR AS A COL	NSEQUENCE OF				
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d by feet or othe		underlying couse lost.	10	wichell	s moloure	paylor		
Bours allury.	NO.	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PA	R1 lio
SECOROS SECOROS	HCA!	90 PATE OF OPERATION	196. CONDITION FOR	1. 1		20e AUTOPSY?	206. IF YES, WERE F	USES OF DEATH?
OF VITAL CLAN CLAN Colfrod Col	1	PIO. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	216. TIME ORINJURY HOUR A.M. MON		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES	NO [
ON O	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211. LOCATION			
DIVISION NG PHYS attenting attention as the burn th and M	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC	STREET	CITY OR TO	C-	
TTENDS photos of for use of Health		sow the deceosed olive on obove (1) we) (did) (did not) v	14-16	19.80	nd that in (my) (our) opinion		, 17	, that the base) lost
Diago		SWINATURE	new the body offer death		DEGREE	MEDICAL STA		DATE SIGNED
HOSPITAL FUNERAL Mid be de The Sout	1	IN PHYSICIAL SHAWE THE OWN	-		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYS	CIAN	
TO HOSEITA gebrind by Gro FUNERA should be do white Stu	736 911	RIAL, CREMATION, REMOVAL	12h DATE	122 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
9999BP		ECIFY)	11-19-86	Mechania		(hines to	ague, Virg	iria STATE
DHMH - 16 60M 7/84	24. FUN	NAME 2	Our DA	DDAYSS	25e. DA	V 25 1900	256. REGISTRAR'S SIC	
(VRA 15, 4)	00	reance No	con bons	hine	tracue.	7 40 100		

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11-19-00 remarks contest vines erges, limining

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CS STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.		
1. DECEASED NAME	FIRST	MIDDLE	(AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
Ma	rgaret A	nn	CHRI	STOPHER	November 1	, 1986		9:30 /
LSEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
Female	White		04	12, 1929 YEAR	57	YRS.	15	HOURS IMPA.
70. BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
Tennessee	U.S.	.A.	WIDOWE		Wicomico)		WE
Salisbury	Dee1	S Head C	enter	OR OTHER INSTITUTION	12a, USUAL OCCUPATI CTYPE OF WORK FOR MOST OF Housewite		NDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURSI 130. STATE Maryland	NG HOME OR OTHER INSTITUTION 136. COUNTY Wicomico	13c. CITY OR TOWN Delmai	1	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS Chestnut	ZIP CODE Street	218	75
William	MIDDLE	rter		15. MOTHER'S MAIDEN NAM	WIDDLE		Hens	ley
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT Kare 835 Sharp Poi	n D. Phillips			21826
Canditions, if any, gave rise to imm couse (a), stoting underlying cause PART 2 OTHER SIGN	mmEDIATE CAUSE (a) DUE TO. C which ediate g the last. (c)	DR AS A CONSEQUE	NCE OF	stomach NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART In	o
190 DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
VED TO THE PRINCIPLE OF	AUSE OF DEATH AL EXAMINER) ED 21e. PLACE (AT HOME, S'	DF INJURY .M. MONTH DA' .M. OF INJURY REET, FACTORY, OFFICE, FA	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU		OR PART 2)	STATE
saw the decease	(this haspital) attended to d alive an id) (did not) view the body	4 19 1	0	19 19 19 19 19 19 19 19 19 19 19 19 19 1	MEDICAL STAL	F _/ _/	-0-	
22d. PHYSICIAN'S NA		n. M.D.		Deer's Head	Center, Sa	lisburv	. Md.	21801
23a BURIAL, CREMATION, F			ame of c	EMETERY OR CREMATORY ill Memory Gar	Tana and a second			

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Hollóway Funeral Home, P.A., Salisbury, Maryland

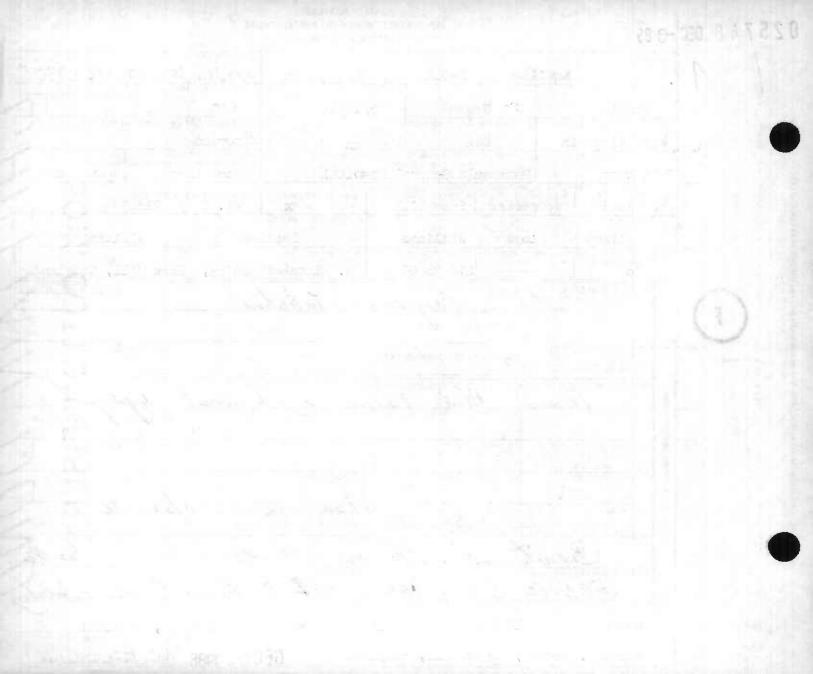
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5748 DEC	-13-	FOR FATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 6 0 3	3 2 4 3
a		CEASED NAME FIRST	MIDDL	E	LAST		DAY YEAR 26 HOUR
e 4 may be tor. page 3 s ofter death	(TYPE	ORPRINT) Luc	ille I	eola	CALLER	N/1/8m 382 2	21586 0730
moy pog	3. SE		4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 H
s off	-	Female	Negr	co l	6/10/14 YEAR	72 YRS.	MONTHS DAYS HOURS M
Poge direct		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		9. BALTIMORE CITY OR COUNTY	OF DEATH
ooth 72	We	est Virginia	USA		ARRIED NEVER MARRIED DOWED DIVORCED	Wicomico	
with with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
ofter softer	Sal	Lisbury	Peninsula	General	Hospital	(TYPE OF WORK FOR MOST OF WORKING LIE Homemaker	Own Home
4 hours	USU	AL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION)		
24 h				now Hill	13d. INSIDE CITY LIMITS?	Rt. 2 ZIP CODE	53
this this	_	THER'S NAME			15. MOTHER'S MAIDEN N.	AME	
d w	1	Alfred	Floyd W	liliams	Leat	hea. W	illiams
xecute and com		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16h	SOCIAL SECURITY		ADDRESS	111100110
ond oge	10	(IF YES, (GIVE WAR OR DATES)	5 36 0384	M. Elizabet	h Duffy. Snow H	ill, Maryland
e p						/ Daily Dilon II.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
O A S D		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		BALANA	have To Sky	/	BETWEEN ONSET AND DEA
certificate na phylic than buffe fillian		IMMEDI	IATE CAUSE (a)	Jungier	ous gricos	ine.	
de d			DUE TO, OR AS	A COLVEQUENCE	OF		
0) 0) 5 5 5		Conditions, if any, which gave rise to immediate	(b)				
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE	OF		
ed b pleas rriot,			(c)				
equire n sign Then rto bu injury,	z	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTI	RIBUTING TO DEAT	H BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	1 4
been red prior to prior to prior to	18	19g DATE OF OPERATION	CC Pet	ul FO	RATION WAS PERFORMED		WERE INDINGS USED
	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION	V FOR WHICH OFE	KATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
Ns. The Inhysicion.	E .	21g. ACCIDENT WAS UNDERLYING	216. TIME OF IN	II IDV	21. HOW INTERVOCATI	YES NO YE	the state of the s
		OR CONTRIBUTING CAUSE OF E			YEAR THE	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICI ng I cert cert kentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN			19		100
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Spiro Spiro CTO for of h		saw the deceased alive above, (1) (we) (did) (did	an nat) view the body afte	death.	, and that in (my) (aur) apiniar	death occurred on the date and hau	or and fram the couses stated
OR A DIRECT OR A DIRECT OR BOTH THE MENT OF THE MENT O		226. SIGNATURE	d .	1 //	DEGREE		221. DATE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		Den	do al	1/1/4	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/22/8
S S S S	1	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	1	22e ADDRESS		
ST 790 F		DETI1	10.5	CHAK	1 574-1	Rivered La	2 Nolis
HOSPITAL ined by the FUNERAL sold be det h the State PORTANT:				- //-//		1 UNIVOLUE S	
TO HOSPITAL or retained by the TO FUNERAL Eshould be detained in the State Limportant; if	23a F	URIAL CREMATION REMOVE	AL 23h DATE	23r NAME	OF CEMETERY OR CREMATORY	23d LOCATION	m. Jaush
4	23a. E	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
Pb— TO HOSP retained TO FUN with the Wi		BURIAL, CREMATION, REMOVA SPECIFY) Burial JUNERAL DIRECTOR	11/29/86		ilo Methodist		arvland



BIRTHPLACE (ST/ OBEIGN (OUNTRY) Dalhour CITY OR TOWN C	TEOR 7	DATE OF BIRTH MONTH DAY S 1/ D. CITIZEN OF WHA (U' COM II. NAME OF HOSP (IF NOT IN SUCH FACI Peninsul	AT COUNTRY? LOS ITAL, NURSING HOM ILLITY, GIVE STREET ADDRESS)	RS. 3 DAYS MARRIED NE WIDOWED	IF UNDER 24 HRS HOURS MIN. EVER MARRIED DIVORCED DIVORCED DITION 120 U	PRONOUNCED DEAD 9. BALTIMORE CITY WICOMICO SUAL OCCUPATION (TV)	11 MONTH 11 OR COUNTY		2d. HOUR
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AL RESIDENCE (STATE MALE ATHER'S NAME	FIN NURSING HOME OR C		12 Conoral		FO	OR MOST OF WORKING LIFE)	PE OF WORK	OR INDUST	KA 2114E22
ATHER'S NAME	134 COUNTY	DI HER INSTITUTION, GIVE	la General	Hospital					
	10 / / /		13c. CITY OR TOWN	13d INSIDE	CITY LIMITS? 130-S1	TREET ADDRESS		12	1865
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		MIDDLE	LAST	IS MOTH	ER'S MAIDEN NAA	AE MIDDLE		LAST	
racy	4	3 mon	,	Tam	nie	Collins			
WAS DECEASED YES, NO, OR UNKNOV	EVER IN U.S. ARME	ED FORCES?	166 SOCIAL SECURIT	TY NO. 17 INFOR	MANT	ADDRES	S		4
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18 CAUSE OF	DEATH (Enter anly	ane couse per line f					1	APPROXIMATI	E INTERVAL
PARTIDEA			Vital Syr	ndrome (Ear	ly Inters	stitial)		BETWEEN ONSE	I AND DEATH
	WWWEDIATE	- , ,	S A CONSEQUENCE	OF	Nephrit	is			
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lying caus	e lost.								
PART 2 OTNER SIG	NIFICANT CONDITIONS CO		JT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITIO	IN GIVEN IN PART 1 In				
190. DATE OF	OPERATION	196 CONDITION	ON FOR WHICH OPER	RATION WAS PERFOR	RMED?			In AUTOPSY	>
210 EXTERNAL	CAUSEWAS	21b. TIME OF I	NJURY	21c HOW IN ILIP	Y OCCURSED IENTE	R NATURE OF INJURY IN ITEM 18	PART I OPPART		МОП
UNDERLYING	OR	HOUR A.M.		R	OCCORNED (EIVE		AT TOR FART	-1	
			FINITIPY (AT HOME	216 LOCATION					
		STREET, FACTO	RY, FARM, ETC.)	STREET		CITY OR TOWN	COUN	MTY	STATE
AT WORK	AT WORK				174				
22a. I certify	that I took charge	of the remains descr	ribed obove, held on	Autopsy X.	Inspection .	Inquiry . o	nd in my apir	nian	
death resulted	d fram: Notural	causes .	Accident . So	picide L, Homi	cide Und	etermined manner .			
Part Title			11						
ACTUAL SIGNATURE	MI		7-			DICAL EXAMINED	DATE	11/12/	86
		//			ME	DISOLL LANGUISER	3101450		
EXAMINER'S N	NAME Will	iam M. Za	ane, M.D.	ADDRESS	111 Pe	enn St.	Balte	o.MD.	
(SPECIFY)		11-15-01-					COUNT	m/ st	ATE
	OR / July & lader	13-4-01	1 1 e Jame		25e. DATE REC'D.	BY REGISTRAR 1256 REG		GNATURE	
NAME	1-1.	< ADDRESS	./	U	The same of the sa				
	Conditions gove rise couse (a) s lying caus PART 2 OTHER SIGN 19a. DATE OF (a) 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22a. Leerify deoth resulted EXAMINER'S N (TYPE OR PRIN BURIAL, CREMAT) (SPECIAL) FUNERAL DIRECT	18 CAUSE OF DEATH (Enter anly PART I DEATH WAS CAUSED & IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CO 19e. DATE OF OPERATION 21e EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22e. I certify that I took charge death resulted fram: Natural SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 23b (SPECIFY) FUNERAL DIRECTOR WAS NAME	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise ta immediate couse (a) stating the under- lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 19e. DATE OF OPERATION 19b. CONDITI 21e EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTO AT WORK 22e. I certify that I took charge of the remains described the resulted fram: Notural causes EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION, REMOVAL 23b. DATE FUNERAL DIRECTOR NAME TOTAL TO	18 CAUSE OF DEATH (Enter anly ane couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Vital Syr IMMEDIATE CAUSE (a) Utal Syr Conditions, if ony, which gove rise to immediate couse (a) stating the under lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEN 19e. DATE OF OPERATION 19b. 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MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR P.M. 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held an Autopsy X. death resulted fram: Notural causes WILLIAM OF CONTRIBUTION OF	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Vital Syndrome (Early Inters MAREDIATE CAUSE (a) Vital Syndrome (Early Inters Nephrit Nephr	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, CAPE WAR OR DATES) 18. SOCIAL SECURITY NO. 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under. Lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I (a). 198. DATE OF OPERATION 198. 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UMAEDIATE CAUSE (o) UMAEDIATE CAUSE (o) UDLE TO, OR AS A CONSEQUENCE OF NOPPITIES DUE TO, OR AS A CONSEQUENCE OF NOPPITIES DUE TO, OR AS A CONSEQUENCE OF NOPPITIES DUE TO, OR AS A CONSEQUENCE OF OUT OF OR AS A CONSEQUENCE OF OUT OF OR AS A CONSEQUENCE OF (c) 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING ON AS A CONSEQUENCE OF OUT OF OWN ONLY VES WAS UNDERLYING ONLY PART 2 DIVER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 198. CONTRIBUTING ONLY PART 2 DIVER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 199. DATE OF OPERATION 199. CONTRIBUTING ONLY PART 2 DIVER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 199. DATE ONLY 199. CONTRIBUTING ONLY 199. CONTRIBUTION ONLY 199. CONTRIBUT



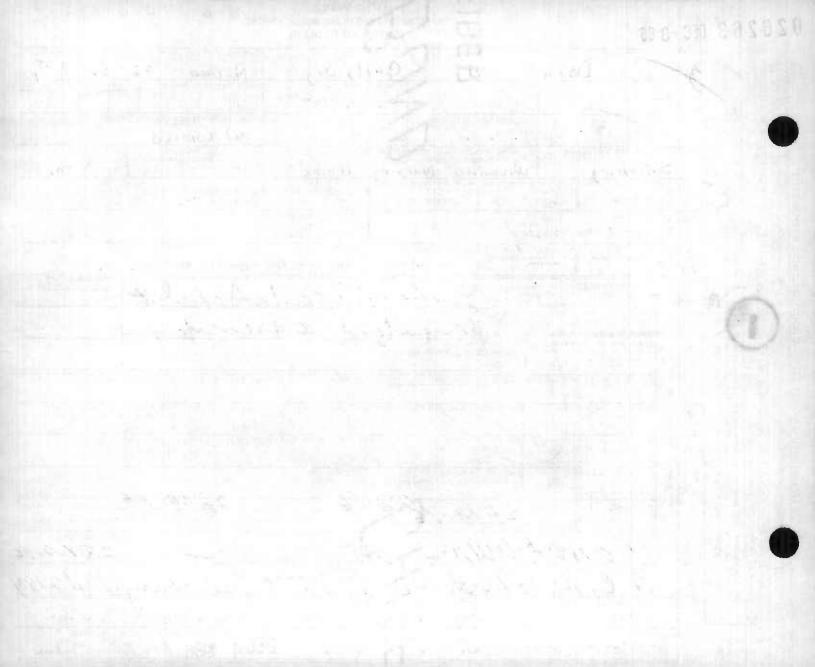
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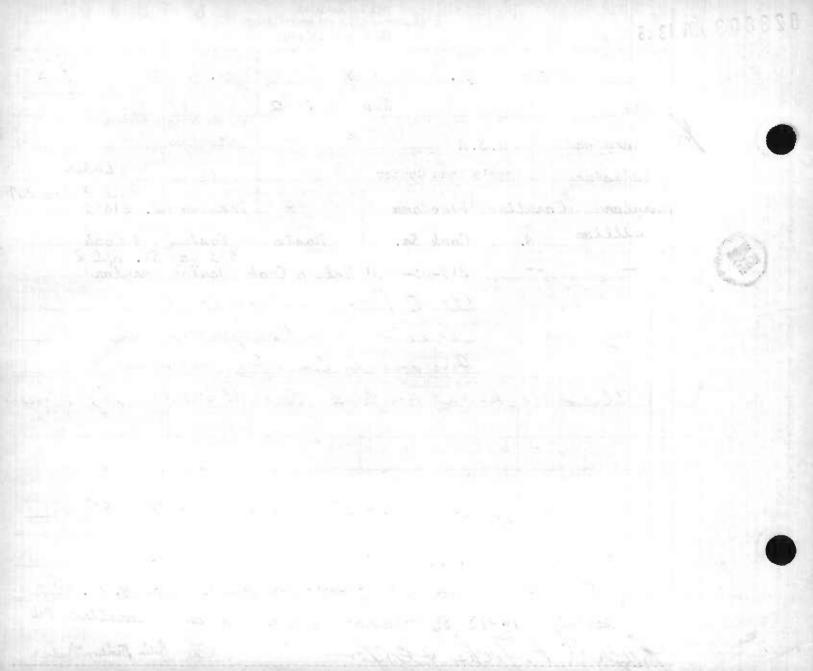
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oge 4 mo irector, pours ofter	3. SE	Female		RACE Wh		5. DATE C	29° 1902 YEAR	6 AGE (IN YEARS LAST BI	YRS	ONTHS DAYS H	OURS MIN.
deoth. P.	E	RTHPLACE (STATE OR F SOUNTRY) Baltimore, M ITY OR TOWN OF DEA	aryland	U.S.		WIDOWE		Wichille			MD.
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in 24 hou filled in hoortd be	130 M	AL RESIDENCE (IF NURSI STATE Laryland	136 COUNTY Wicom	ico	130 CITY OR TO)WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 521 Alabam	zip code a Aven	ue Apt 1	2 21801
orm with		Edward	G.		Phoebus		15. MÖTHER'S MAIDEN N Edith	Ellen		Disharc	
Profession of the second of th		VAS DECEASED EVER YES, NO ORYNKHOWN)	IN U.S. ARME (IF YES, GIVE W		16b. SOCIAL SE 215-03-		800 Swedest	rolyn Cordre ord Rd., Exto	y Laue n, Penr		
emovol.		18 CAUSE OF DEATH PART I. DEATH W	(Enter only on AS CAUSED E		line for 101, (b), Condin	Pulm	may Answ	u!		BETWEEN ON	TE INTERVAL SET AND DEATH
ING PHYSICIAN: The low requires that the death ottending physician. When this certificate has been signed by the attend os the buriol-transit permit. Then please remaye continuous the buriol-transit permit. Then please remaye continuous the buriol-transit permit is a propertied of the filled in by the ond Mental Hygiene prior to buriol, cremation, or removal. orked or them 48 shows any injury, or other traugiotic event, the medical tysomine was the properties of the prope	NO	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	nediote g the lost	(b)	R AS A CONSEC	OUENCE OF CVD		M Renal		N IN PART I 10	
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O HOSPITAL O etoined by the TO FUNERAL D should be detoc with the Store D MAPORTANT: If		Dennis	J. Cho	dnicki,			Locust &	Quincy Sts.,	Salisbur	ry, Md. 2	21801
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ge 4 mo	Female	4. RACE White		Jan. 3	O, 1897 YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
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NND 212	Maryland V	HOME OR OTHER INSTITUTION COUNTY VICOMICO	136. CITY OR TO Marde	la 13	I. INSIDE CITY LIMITS?	13:STREET ADDRESS / Bridge St.	ZIP CODE 21837			
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IMORE,	160. WAS DECEASED EVER IN 1	U.S. ARMED FORCES? FYES GIVE WAR OR DATES)	213-01-		INFORMANT Nan Harrison	ADDRE Mardela Sp			1837	
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DHMH - 16 50M 4/83	24. FUNERAL DIRECTOR Marvel-Short	Funeral Ho	TADDRESS	S Dolman		FC A SOC	25b. REGISTRA		JRE	



023803 NOV	13	FOR ATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	5 5 2 6	4 /
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NI REC	5	176 DATE OF OPERATION	170. CONDITION FOR WINC	TO OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF	DEATH?
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TO HOSPITA etonned by TO FUNERA should be down with the Storian Management of the Storian Manage		ELS	A M. Goi	Z/S Deer's Head	Center, Salis	bury, Md. 2	1801
Short Short	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION		Medi
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	11 0 1 1	25a. DA	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	V 4/ I
(VRA 15, 4)	4	RIINER IV &	4 Jocks I	Pater NO	V 1 2 1986 A	ha Dander Pa	date
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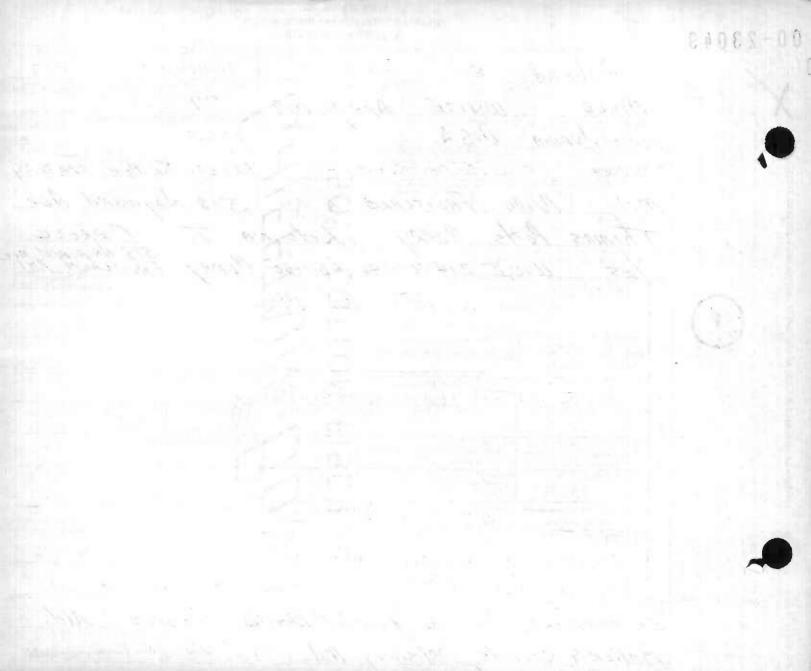
Jolley Memorial Chapel

(VRA 15, 4)

STATE OF MARYLAND

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00-23049	1	FOR STATE REGISTRAR	DEP	STATE OF N ARTMENT OF HEALTH CERTIFICAT	AND MENTAL HYG	IENE O	3 3 2	4
r deoth		CEASED NAME FIRST PRINTERST PRINTERST	MIDOLE E.	Corry			er 1, 1986	1937 M
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W. PRESTON ST., or the death certific by the difference of the certifical particular of the transfer, of the transfer of t	4	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	Due To, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	it failm		BETWEE	DAMASE INTERVAL IN ONSET AND DEATH
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DIVISION OF VITAL RE NG PHYSICIAN. The lo r attending physician. Wher this certificate has as the burial-transit per th and Mental Hygiene preder frem 18 hows	MEDICAL CER	218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
Ond the the	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		OCATION SIREET	CITY OR TO	87	STATE
TOR: A	3	22a.1 certify that (1) (the hosp saw the deceased alive an above, (1) (we) (did) (did no	10//	19 86 and that		death occurred on the de	ate and hour and from th	
		224 PRIVSICIAN'S NAME (TYPE	aWernich	mg.	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	F	1 2 86
TO HOSPIT Oretained by the TO FUNERAL D Should be detoc with the State D IMPORTANT; if	1	Kodney C	Wernich, h	12	100 POINE		ALISBURY	md.
BP	6	BURIAL, CREMATION, REMOVAL SPECIFY, TOMBINENT UNERAL DIRECTOR	23h DATE 11/4/1986	SRING h	11/ Men 0	23d LOCATION	25b. REGISTRAR'S SIGNA	Ud STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	BAKER Y So	unds SA	ISBUYY 1	no/ 101	15 1986	Julia Dender	- Kondorff



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		1. DE	CEASED NAME E OR PRINT)	First Harol		MIDDLE	EXAMIN D	ashi	LAST	CATEO		DATE KI	REG. NOWN ESTI-	MONTH		YEAR 86	26. HOUR 0900
	S NEGSSARY, PLASE ENUNERAL DIRECTOR. E S FOR YOUR FILES. CONTHIN 72 HOURS. W. PRESTON STREET,	3. SEX		RACE Black	Jan 17	1 2 5	6 AGE (IN YE LAST BIRTHD	ARS IF UN AY) MONTE	DER 1 YR.	IF UNDER 2		C DATE RONOUNC DEAD	ED	MONTH OV 2		VEAR 86	2d HOUR 0945
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE DESCRECUTE THE CERTIFICATE, WRITING THE WORD. PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL IT OF FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BUSK AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIC	MEDICAL CERTIFICATION	Cirrh 19a DATE OF C 21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. 1 certify death resulted	CAUSE WAS OR GO CAUSE OF I	21b. TIME OF HOUR A.M P.M 21e PLACE of STREET, FACT gle of the remains deserted causes X,	EINJURY MONTH	DAY YEAR IS IAT HOME.	ZIF. LOC	ON, CAS PERFORI	Inspection	DIC (CITY OR TOWN	X), c	B PART 1 OR F	20 A	ag D: autopsy? yes □	NO STATE
07/84 25M	BP	(5	JRIAL, CREMATI PECIFY) Burial JNERAL DIRECT	ON, REMOVAL 2	as C. H	23c.	t. Cal	wetery or vary	ADDRESSE R CREMATO	ine l	Bluf	ATION RTOWN Uitla REGISTRAR	ad,	Sal	isbu	ury,	Md.

25744 DEF	1,-	FOR STATE REGISTRAR			DEI	PARTMENT OF	E OF MARYLAN HEALTH AND ME FICATE OF DE	NTAL HYGI		3. NO.	5 4	5
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ク		AS DECEASED EVER ES, NO OR UNKNOWN) Yes	IN U.S. ARME	AR OR DATES)		05-5390	Mary P		nerty - s	DDRESS	13 abcde	
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for us		220 I certify that (I) sow the decease above, (I) (we) (c	ed alive on					19 ur) opinion d	eath occurred on t	/26/86 he date and h	19, to	hat (1) (we) lost couses stated
AL DIREC detoched ote Dept. VT: If Item		22b. SIGNATURE		Tues	4.			TENDING TYSICIAN	MEDICAL DIRECTOR XPH	STAFF IYSICIAN [11. 26	SIGNED
should be deto with the State [IMPORTANT: #		DR. Sh		RINT)			22e. ADDRESS Deer	's Hea	d Center	,Salis	bury,Md.2	21801
F + 3 3	230 E	urial, cremation, specify) Buria		236. DATE 11/29	/86		dge Ceme		Cristie		omerset -	- MD TATE
- 16 60M 7/B4 /RA 15, 4)	24 Ft	Bradshav	& Sor	ns - (Crisfî	eld, MD	21817	DEC			Strar's SIGNATU	

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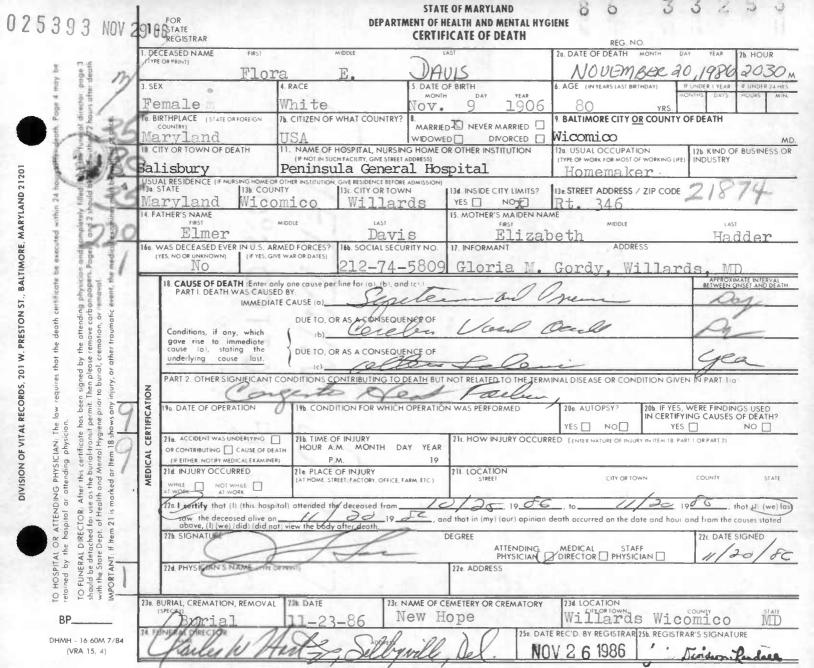
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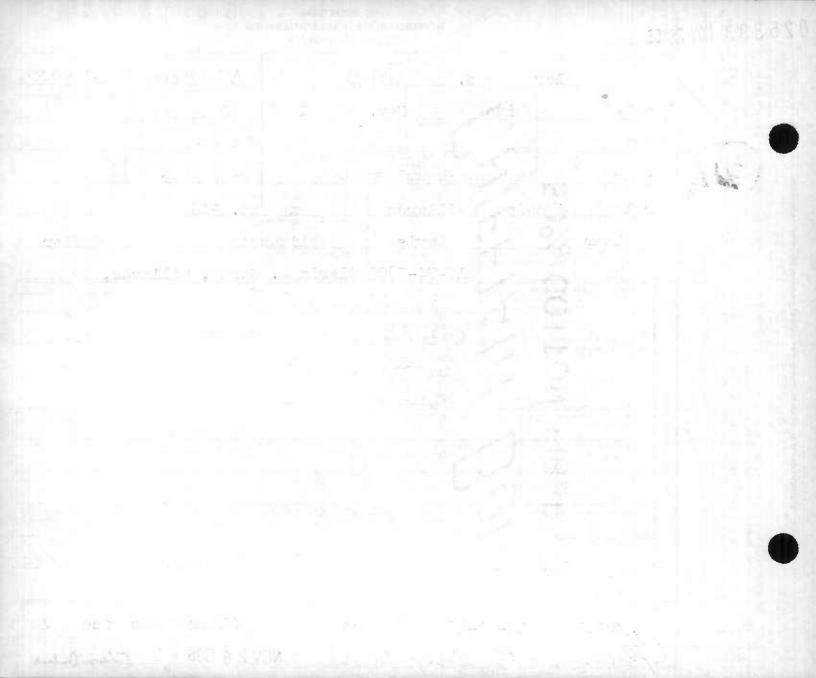
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116	1. SE)	, ,	RACE	5. DATE OF BIRTH MONTH DAY YEAR ,	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
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0 10 10	1	V0 -	229-10	2696/11/ARY KE	Z= L/04C/, .	SALISAVEY MA
t die	1	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), a	nd (c).)		BETWEEN ONSET AND DE
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rentol temporary lifem	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
d Me	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TO	WN COUNTY STA
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of H of H 21 i	-	saw the deceased alive on above, (1) (we) (did)	NOV 29 19	ond that in (my) (our) apınio	n death occurred on the de	ate and hour and from the couses state
DIREC oched Dept. If Item		226. SIGNATURE	view me body oner deam.	DEGREE		224. DATE SIGNED
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- 16 60M 7/84	24 FI	INERAL DIRECTOR	01	25a P	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
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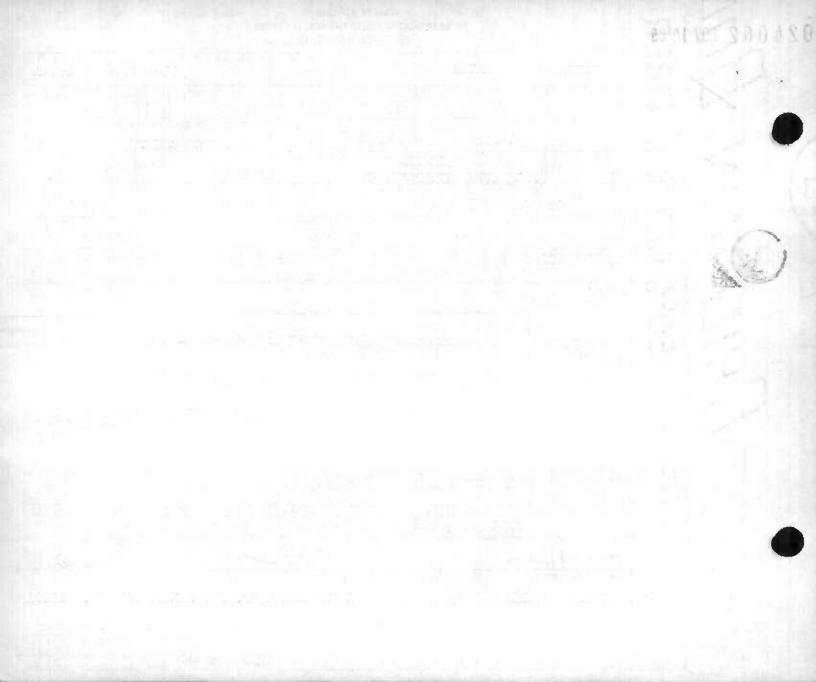




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Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



	1	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE O O	3 3 a	3 2
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STATE OF MARYLAND

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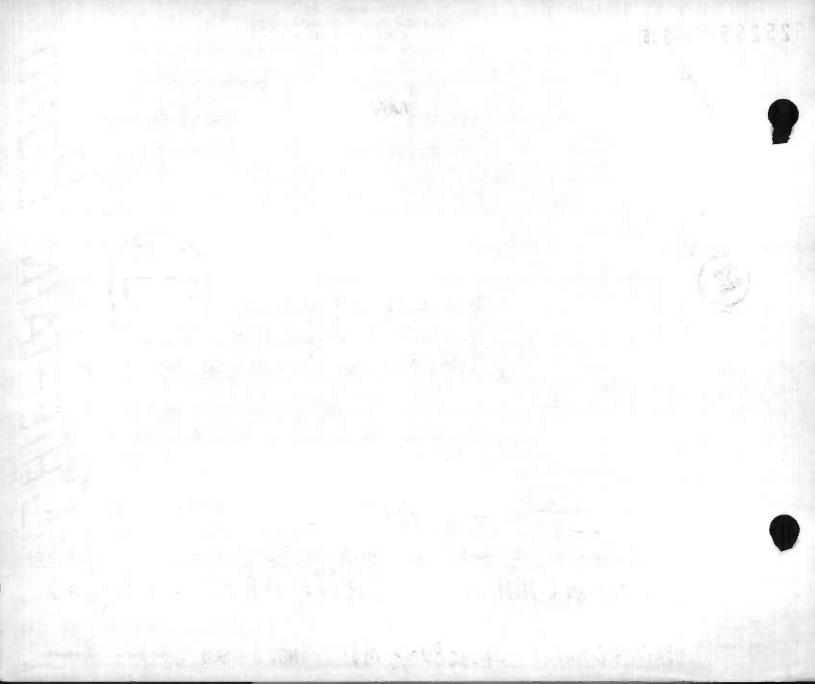
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DHMH - 16 60M 7/84 (VRA 15, 4)

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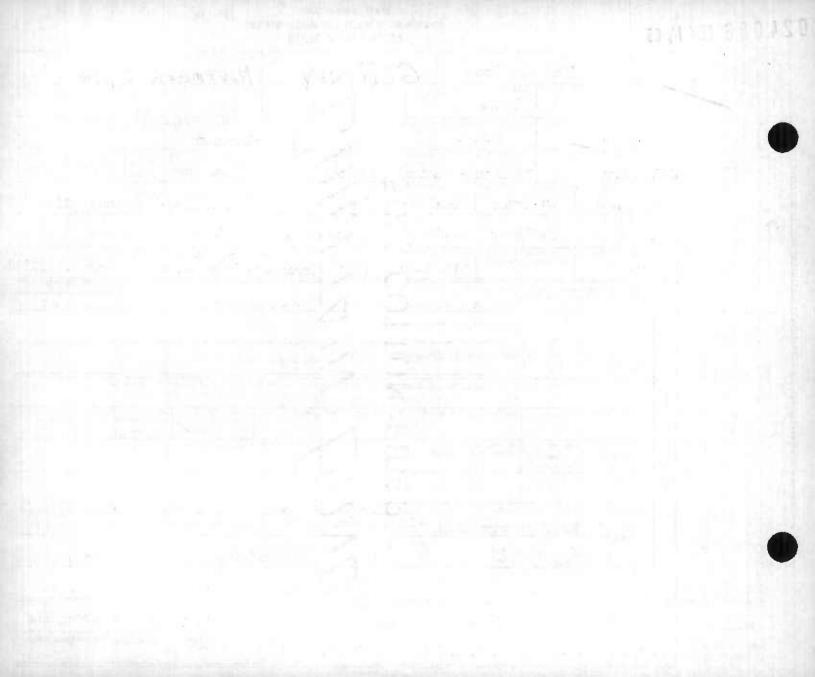
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(VRA 15, 4)		olloway Fune	ral Home, P	A., Salisb	ury,	Maryland 25a. DAT	e REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATURE		

STATE OF MARYLAND

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The part of the pa		PART I. DEATH WAS CAUSED		cer of	Sham	ach		
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entitode ophrans ntal Hyg en 18 st		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH		HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)	
o we	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. L	OCATION STREET	CITY OR TOWN	COUNTY	STATE
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TOR. At for one of of Health 21 is mo		220.1 certify that (1) (this haspital) attended the deceased fram 19 20.1 certify that (1) (this haspital) attended the deceased fram 19 20. and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death.						
the hose chacked in Dept.		22b. SIGNATURE	form 1	DEGRE	ATTENDING	MEDICAL STAFF	22c. DATE S	IGNED
P S S S A	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. /	ADDRESS	DIRECTOR THIS CIAMP	1.0	00
Powled in the state of the stat		K. Yoon, M.D.	De	Deer's Head Center; Salisbury, Md. 21801				
1 6 7 1 5	23a.	BURIAL, CREMATION, REMOVAL	73h DATE / 23	NAME OF CEMETE		23d. LOCATION	COUNTY	MARAIL
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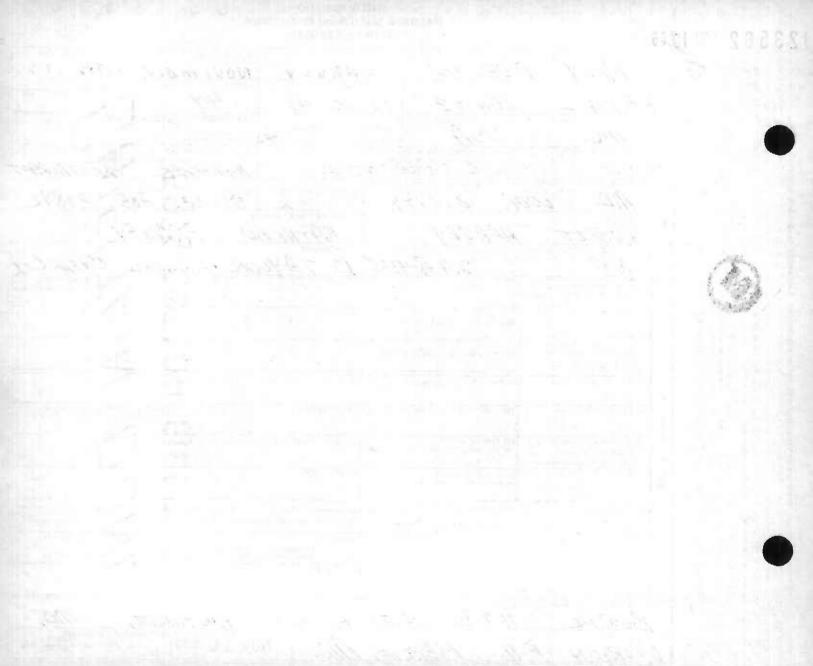
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T, BALTI physician poper. went, the	18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		all MI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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06896	30 BURIAL CREMATION REMOVAL THE DAY.	1986 Delmarua Cacmato	a CITY OF TOWAL	SSCX DELAWARD
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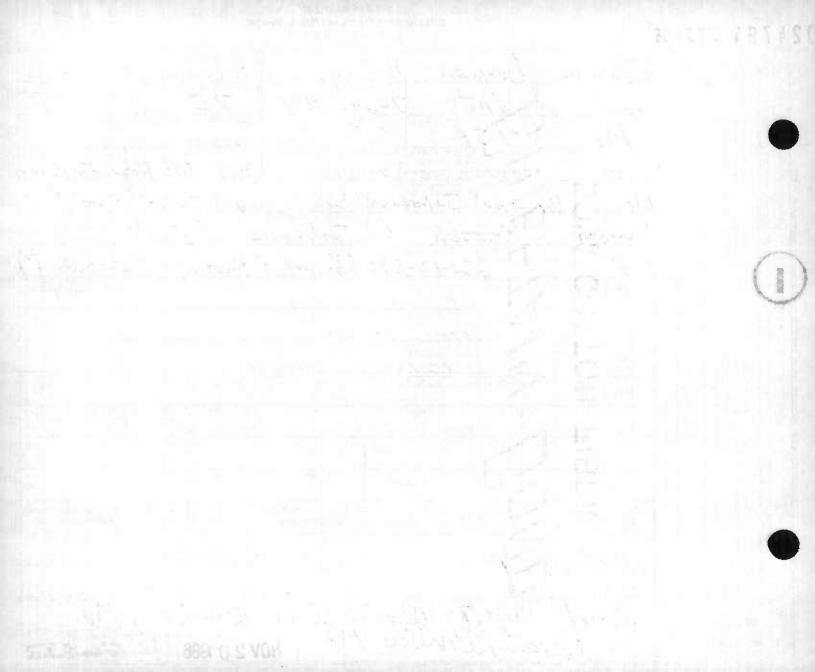
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO EASED NAME 2e DATE OF DEATH ANIDOLE 2h. HOUR William 0415 M Charles 1. SEX 4. RACE IF LINDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) F LINDER I VEAR MONTH YEAR Male Blk 10-10 1910 Je. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico Fruitland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR Peninsula General Hospital ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Salisbury BALTIMORE, MARYLAND 21201 aboter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21826 Md Wicomico Eruitland YES NO [110 Oak Street 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST Frank **Fmma** Graham Robert **ADDRESS** Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IZ INFORMANT Chestertown, Md. LYES. NO OR UNKNOWNS 218-03-6884 Rev Jones. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY SLATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22c. Legrify that III this hospital) attended the deceased from, DIRECTOR 40 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING uc PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MPORT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23s. BURIAL, CREMATION, REMOVAL 23h. DATE (SPECIEVE CITY OF TOWN Md. BP Wico. Springhill Mem. Hebron Gar. 11-30-86 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
1 1086 Julia Devidson Rom DHMH - 16 60M 7/84 ADDRESalis. Md. ulia Devideon- Kandara (VRA 15, 4) Chanel=Rt#2 Jolley Memorial

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ge 4 mr	1.50	FEMALE	WHITE	5. DATE OF BIRTH MONTH DAY TEAR 12-160-41	6. AGE EN YEARS LAST BRIHDAY) YRS.	FUNDER LYEAR FUNDER 24 HRS
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ed by the attending please remove carba rial, cremation, ar rea or ather traumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	retrovasa tar Jence pr z tur tar)	Accident Dise	2
10 000	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART Ito
De permit	CERTIFICATION	19e DATE OF OPERATION	1%. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
al-front dol hyp	172	21aL ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPARI 2)
A Med We	MEDICAL	214 INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR FOWN	COUNTY STATE
000	1	22a.1 certify that (1) (this hos	pital) attended the deceased from		, to	19, that (1) (we) las
0 5 7 7		saw the deceased alive a	n19_	, and that in (my) (our) opinion	death occurred on the date and he	our and from the causes stated
20 to 10		2% SIGNATURE	nat) view the body after death.	DEGREE		22c DATE SIGNED
0 00 =		11/1/	4/1	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11/4/86
ORTANT ORTANT	1	274 PHYSICIAN'S NAME (IN	Capani,	22e. ADDRESS	- Jake Clok Misicial	
PORTA TA		Lelik' K	OTTST7A	56	H	
-15	234.	BURIAL, CREMATION, REMOVA	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23L LOCATION CITY OR TOWN	COUNTY / AA ASTATE
		BURIAL	11-7-86 6	LEN HAVEN	PALTIMORE	, MD,
WH - 16 60M 7/84	74. F	UNERAL DIRECTOR	A 1. 1	25a. DA	TE REC'D. BY REGISTRAR 251 REGI	
(VRA 15, 4)	1/	ILLRICH 1	K.H. 1522	(10, 11D. 1	10 10 1200 Am	ia Dividson-Randae



		STATE OF MARYLAND	50 5	3 4 9 4
I MOV 2 LE STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HY	GIENE	
4 NOV 2 85 STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OR POOR SE	A FIRST MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
K C/Z4	113 / 10×m 2h	Haslings	November 1:	5 1986 2330m
3. SEX	1. RACE	S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Femal	e White	7-119-119 1919	75 YRS.	MONTHS DAYS HOURS MIN.
	FOR FOREIGN 76. CITIZEN OF WHAT COUNTR	RY? 8.	9. BALTIMORE CITY OR COUNTY	OFDEATH
5 COUNTRY)	1.5A.	MARRIED NEVER MARRIED DIVORCED D	Wicomico	MD
10. CITY OR TOWN OF	DEATH 11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
Salisbury	Peninsula Gene		WORK FOR MOST OF WORKING UP	12. Employee
USUAL RESIDENCE IN	NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	13e,STREET_ADDRESS / ZJP CODE	V. U.
5 Mg	NICONICO Jali	560 YES EN NO	1018 Tx/ex	AUR JIRA
14. FATHER'S NAME	MIDDLE 4 AST	15. MOTHER'S MAIDEN NA	AME	LAST
Wax	in Messill	Dephron	17 Eucl	/ IASI
160 WAS DECEASED E		CURITY NO. 17. INFORMANT	ADDRESS	-1 (\ M
IN CAUSE OF D	- 220-12	1081 Nowwood	P. Nasting-1)	I/1500K
	EATH (Enter only one couse per line for (a), (b),	and (cv.)	1	RETWEEN OWNER AND DEATH
PART I. DEA	H WAS CAUSED BY: IMMEDIATE CAUSE (D) CAKE	PLAC ARREST		//
Conditions, if	DUE TO, OR AS A CONSEC	QUENCE OF		
Conditions, if	ony, which ((b) HEPATI	C FAILURE		
gave rise to couse (o), s underlying c	toting the DUE TO, OR AS A CONSEC	QUENCE OF		
underlying c	ouse lost (c) HEPATO	REJAL SYNDLO	76	
PART 2. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
NO 190 DATE OF OP				
190 DATE OF OP	RATION 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
				S NO
OR CONTRACTOR	CAUSE OF DEATH CAUSE OF INJURY	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
	MEDICAL EXAMINER) P.M.	19		
WHILE NO	CURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM, ETC.) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK	TWORK		1/215 / 18	6-1
	t () (this hospital) attended the deceased from		, to Nov. 13	19_86, tho (1) (we) lost
abave, (1) (6	The state of the state of the decom.	86, and that in (my) (our) apinion	death accurred on the date and hou	
22b. SIGNATURE	2 4 2 1 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RI	that all	PHYSICIAN	DIRECTOR PHYSICIAN	11/17/86
22d. PHYSICIAN	S NAME (TYPE OR PRINT)	22e ADDRESS		
22d PHYSICIAN' ROBE	The second secon	2044 RIVER	SIDE MED. PARK	SAUSBURT OD.
230. BURIAL CREMATI	1 11 110 144	NAME OF CIMETERY OF CEMATORY	234 TOOATION	COMY STATE
COKY		DIVAING Com.	Wilding	1/1
17/84 24 FUNER L DIRECTO	10 with RIVE	100, 1 250. DA	TE REC'D. BY REGISTRAR 25b. REGIST	
011	As well as	1	UV 2 () 1500 Julia	Deviden Perder



STATE STATE CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH WE GERRINTS November A AGE /IN YEARS LAST BIRTHDAY & BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico WIDOWED DIVORCED IT. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITY OR TOWN OF DEATH 12g USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS WORK FOR MOST OF WORKING LIFE! Salisbury Peninsula General Hospital LIAL BESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e.STREET.ADDRESS / ZIP CODE MEATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: AS CAUSED BY: IMMEDIATE CAUSE (0) Me fasta fie Ordifferentiated Carcinona DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 190 DATE OF OPERATION 20g AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED NO 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 | certify that (1) (the hospital) attended the deceased from ______ No U . 86 18 NOV. sow the deceased alive on ____ above, (H) (we) (did) (alid more were the back after death, DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS N.D. 45 E. Carnoll St. Saligbun lanes E. Martin

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

2b HOUR

HOURS

12b. KIND OF BUSINESS OR

LAST

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

STATE

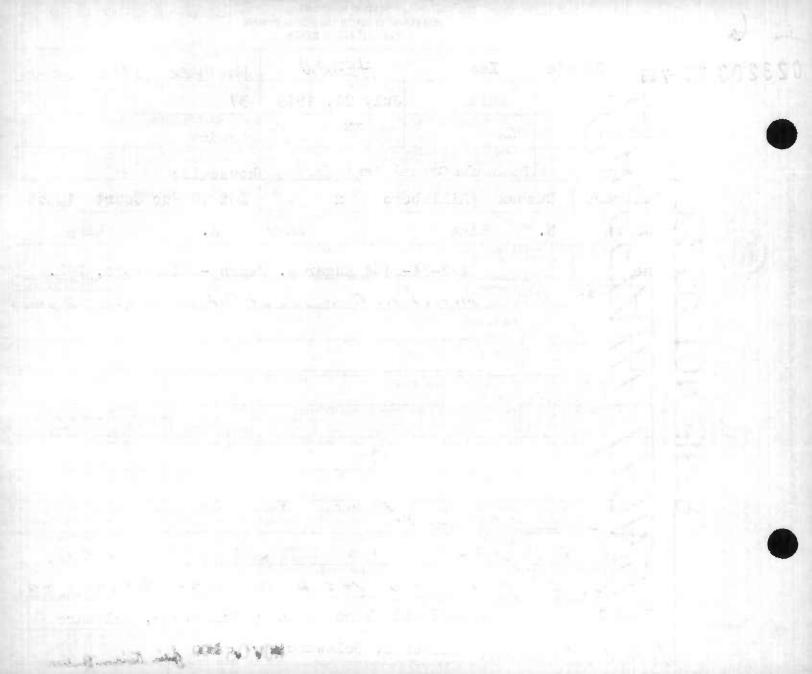
IN CERTIFYING CAUSES OF DEATH?

2246M

DHMH - 16 60M 7/84 (VRA 15, 4)



The second secon



STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Male BIRTHPLACE ISTATE OR FOREIGN Maryland M. CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 4 FATHER'S NAME Clayton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if any, which gave rise to immediate couse (a), stating underlying couse last. 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING ∞ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED saw the deceased alive on 3 No J. obove, (I) (was) (did) (did not) view the body after death 226. SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. 2n DATE OF DEATH 2b HOUR 6. AGE (IN YEARS LAST BIRTHDAY) 27 1924 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h, KIND OF BUSINESS OR Maintainence Supervisor Peninsula Ceneral Hospital 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 21826 YES [15 MOTHER'S MAIDEN NAME MIDDLE Madeline Dorsey PO Box 337 Fruitland, Md. 21826 166 SOCIAL SECURITY NO. 212-20-6419 APPROXIMATE INTERVAL multiple Myelona DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 78a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) MONTH DAY YEAR 21f LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from 29 5ept _19______, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3 Nov 1986 22e ADDRESS 145 E. Carroll St. 23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park Salisbury, Wicomico, Maryland

LeRoy

4. RACE

Wicomico

H.

75 CITIZEN OF WHAT COUNTRY?

Fruitland

Heath

U.S.A.

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

11/5/1986

HOUR A.M.

White

NOT WHILE

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Burial

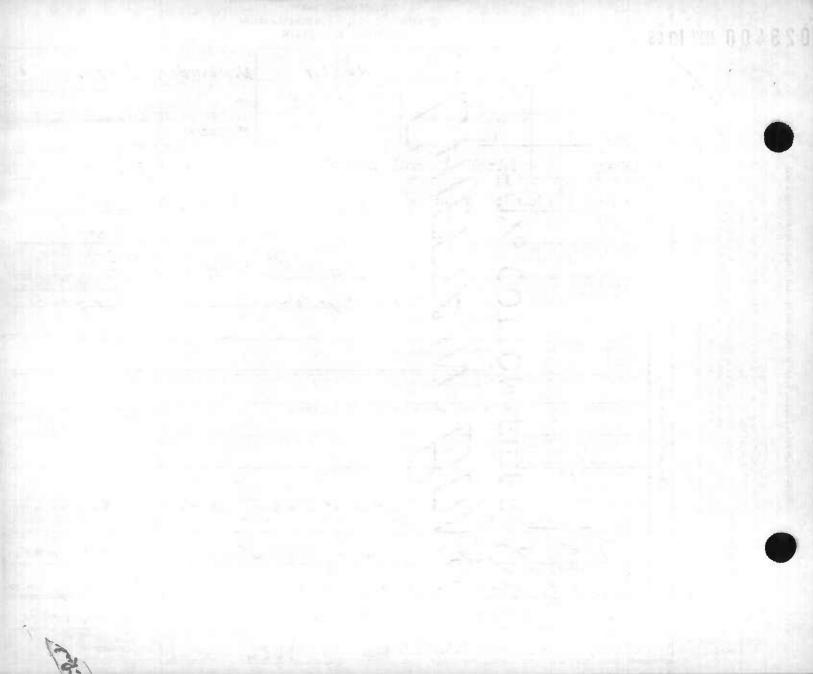
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Shauld be deta with the State [

Holloway Funeral Home, P.A., Salisbury, Maryland

lia Davidor



STATE OF MARYLAND

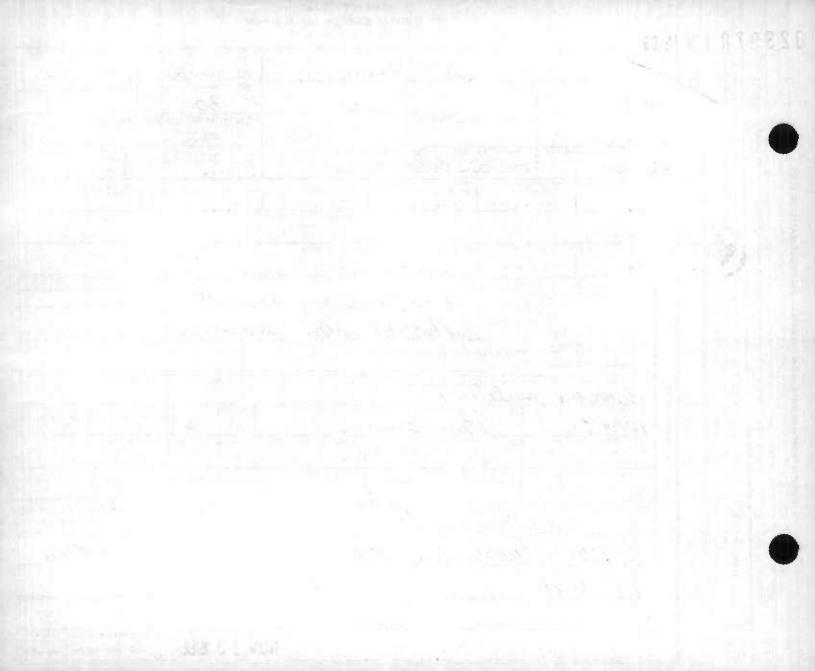
DED ADTMENT OF HEALTH AND MENTAL HYCIENE

Kp.	REGISTRAR	PEI ANI	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST DORO	Thy Ellen	Heller	20 DATE OF DEATH MON	21 1786 9:40M
1.51	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
70 BI	RTHPLACE (STATE OR FOREIGN COUNTRY) JEISEY	U, S, A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		MICD MD.
10 C	ALISOURY	315 BREWING	TON Un.	120 USUAL OCCUPATION (TYPE OWNORK FOR MOST OF WO RETIPE(
	AL RESIDENCE (IF NORSING HOMBO) STATE ARYLAND 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BLOOK INTY DMILO SALIS		310 BREW/	
	ELMER	MIDDLE HONE	IS MOTHER'S MAIDEN D	MIDDLE	Hower.
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DAYES) 206-20-6	6964 RAYMONUL	Heller Se	e Sec 13
	PART I. DEATH WAS CAUSE	infy one couse per line far (o), (b), ar ED BY: (TE CAUSE (a)	toma Overson	Concer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE b)			
NOI	PART 2 OTHER SIGNIFICANT	Conditions <u>Contributing to</u>	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition	DN GIVEN IN PART 1(a
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c, HOW INJURY OCCU	JRRED (ENTER MATURE OF INJURY IN	ITEM 18 PART ORPART ?)
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased olive or abave, (1) (we) (did) (did no	oital) attended the deceased fram n19 at; view the bady after death	, and that in (my) (aur) opinia	, to, to, an death occurred an the dote a	. 19, that (I) (we) lost and have and from the causes stated
	226 SIGNATUR	enno		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
	224. PHYSICIAN'S NAME 1111	D# P# ++ 17)	22e ADDRESS		
23a. I	BURIAL, CREMATION, REMOVAL	11/24/1986 W	HAME OF CEMETERY OR CREMATORY	SAUSOURY	Wiconico Ma
24 F	BAFER +BOUN	ids Salisbur	4, Md. 250. D.	OV 25 1986	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

6082 DEC-	4	STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE BEG. NO	3 3 2 0 7
y be		CEASED NAME WILL	IAM	HENNINGSEN	NOVEMBER &	14,1986 1020PM
t day	1,58	Male	Caucasian	July 15 184		WORTHS DATE HOURS MAKE
Tage of the second of the seco		N.Y.	L.S.	WIDOWED DIVORCED	Wicomico	MI
4 41 80	Şa	lisbury	Peninsula Gene	ral Hospital	The USUAL OCCUPATION ITHE PROPERTY OF MOST OF MOST	176 KIND OF BUSINESS OR INDUSTRY
and within 24 hopes ampletely filled in by and 24/50-ld by its	13a.	AL RESIDENCE IF NURSING FOR OFF	Y III OF II	ONE YES NO B	Route 1	21853
	10	hristopher "	C. Hennin		whort	Knodle
ote be execut system and co apply. Popes, no.		WAS DECEASED EVER IN U.S. ARM		- 11-0 01 1 11	eminsten /	obbins NG 27
etificate physica massol event, th	Г	III. CAUSE OF DEATH SEnter only PART I. DEATH WAS CAUSED IMMEDIATE	BY PIS	MIKME aky	OKKEST.	BETWEEN CHIEF AND DEATH
d de		Conditions, if any, which	DUE TO OR AS A CONSE	PUMED NIA		1 7-3
by he attended by the action of country of c	2	gave rise to immediate cause rul, stating the underlying cause last.	DUE TO, OR AS A CONSEL	QUENCE OF PEMENTI	M.	1200
quires the signed to Then plea to buriel.	No.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER		N GIVEN IN PART I a
PAG PHYSICIAN: The law require catherdrag physician upon the thin certificate hos been upon the act the busiol-transit permit Then the and Metalol Hygiene grior to broked or free 18 stown any injury	CERTIFICATION	1% DATE OF OPERATION	19s. CONDITION FOR WH	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
Ctan. Ti a physical arthronic mol thygi and thygi		\$) B. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DRAIL THE BUSINESS, NOT BY MEDICAL SEAMORS I	116 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	PRED (SMISS HATURE OF MULET IN IT	De 16 FeBC LORFART 31
C Perrs otherndim set that o	MEDICAL	214. INJURY OCCURRED OFFICE OFFICE OFFI AT WORK	JIE PLACE OF PUJURY (AT HOME, STREET, FACTORS, ONH	CE FARM ETC) 711 LOCATION	CITY OR TOWN	COUNTY STATE
DS CONTRACTOR		22s.1 certify that (1) (this haspite saw the deceased alive on_ above, (1) (we) (did) (did not	11/24	Ly.	n death accorred on the date or	19 that (I) (we) last and hour and from the cavines stated
COR A the house tucked tucked o Digit.		226 SIGNATURE	A Plus	DEGREE ATTENDING PHYSICIAN 1224 ADDRESS	MEDICAL STAFF	11/24/16
TO HOSPITA TO FUNERA whould be de- with the Storin	770-	BURIAL CREMATION, REMOVAL		II. NAME OF CEMETERY OR CREMATORY	234_LOCATION	
BP		Burial	11/29/86 2	Cedar Hill	April Jeffer	
DHMH - 16 60M 7/84 (VRA 15, 4)	10.0	UNERAL DIRECTOR	Funeral Home	Pr. Ama Md DI	EC 2 1985 154	Lia Destary Contact

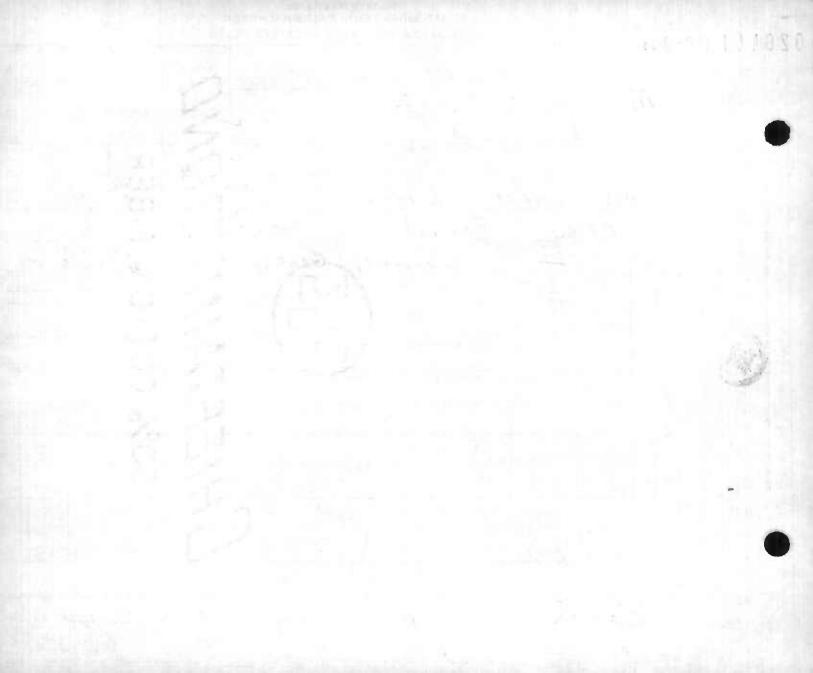
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2e. DATE KNOWNXX (TYPE OR PRINT) OF IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. SETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. AL RECORDS, 204, W. PRESTON STREET, DEATH MATED Holbrook 19 86 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 7;34 IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 19 86 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Wicomico County, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Peninsula General Hospital Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 COUNTY IN STREET ADDRESS 13a. STATE 13d INSIDE CITY LIMITS Simetsk AND 2 SHOE VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) GRNRVA 220-74-4080 ANNE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION DEPARTMENT OF HEAD PRIOR TO BURIAL, O 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING XXOR NER: THIS CERTIFICATE, WRITING THE FORWARDED TO T 11-27,86 passenger in auto/fixed object impact ejected 6:05xx CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM FIC) STATE D Fitzwater St. & Parsons Rd., Salisbury, Wicomico road TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIX BALLIMORE, MARYLAND/2 Co. Maryland 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident XX deoth resulted from Suicide Homicide Undetermined manner Notural causes TITLE (SPECIFY) Assistant 11-28-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 86 EMETER Somressit 07/84 BP 25M H. FUNERALIDIRECTO 25a. DIATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHAAH . 17 ADDRESS (VR A15 ME (5))



IMPORTANT: If hem 21 is

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	61 - STATE REGISTRAR	0 0 2 7 4			
1	1. DECEASED NAME OF FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
ı	Ruthil	V. H	tolbrook	November	30, 1986 1937 M
	3.5EX	4 RACE 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
	FEMALO	Black	9 - 20- 1918	68	MONTHS DAYS HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
\rangle	MARYLAND		IDOWED DIVORCED	Wicomico	MD.
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Salisbury	Peninsula General	Hospital	Tomestic	
)	130 STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM NTY 130, CITY OR TOWN COMP 60 SALES DU	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP 515 E. Churc	
1	R.C.	Holbrook	SARAL	WIDDLE	WHERE
H	Ide. WAS DECEASED EVER IN U.S. AI			ADDRESS	
П	(YES, NO OR UNKNOWN) (IF YES, GI	214 - 12 - 66	279 LESlie Jon	18 515 E.C.	hunch St. MD
	PARTI. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate couse (o), stoting the	nly one cause per line far (a), (b), and (c) ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC	all pent M	I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITIONS CONTRIBUTING TO DEA	IH BUT NOT RELATED TO THE TERM	Myal DISEASE ON CONDITION	N GIVEN IN PART 1/0
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
7		ATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN IT	EM 1B PART (OR PART 2)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM,	ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
/	saw the deceased alive or	ot) view the body after death.	DEGREE	death occurred an the date and	19 86, that (1) (we) last and have and from the causes stated 172. DATE SIGNED 171 LYG6 Salisbuy MD
	236. BURIAL, CREMATION, REMOVAI	12-6-86 30 NAM	NE OF CEMETERY OR CREMATORY MESIEY 250. DAT 250. DAT	23d LOCATION PLY OR TOWN TE REC'D. BY REGISTRAR 256 A	COUNTY STATE MD STATE MD SEGISTRAPS STONATURE
	CLINTON V. J	ICUVINI WEST	SCI DALIS. MO		

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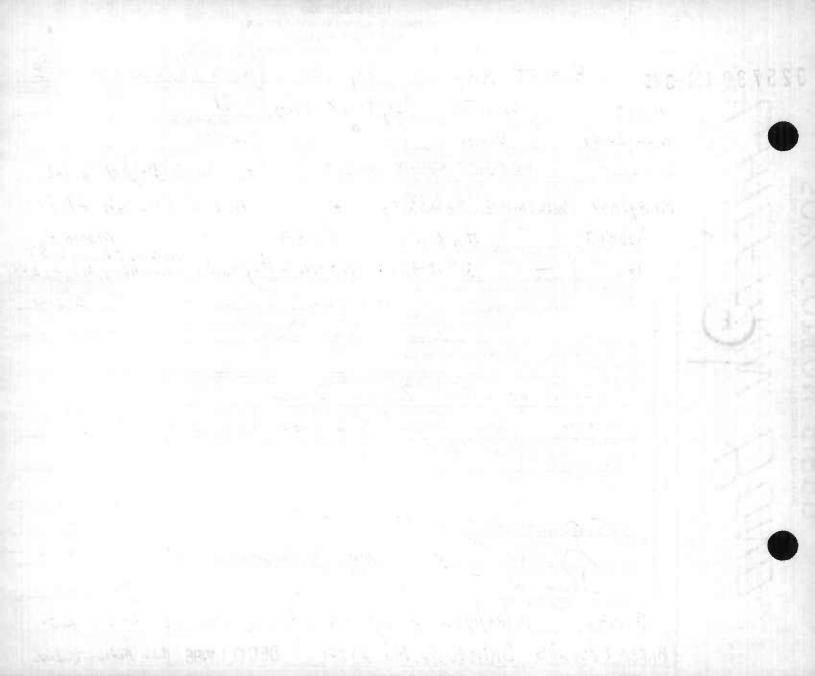
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	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S O	3 3	2.13
25739		CEASED NAME ROB	ert RAY	HOPKINS S. DATE OF BIRTH	20. DATE OF DEATH NOVEMB 6 AGE (IN YEARS LAST BIR	ER 25,198	
rector, urs ofte		nale	White	Sept 18, 1915	71	YRS.	DAYS HOURS MIN.
eoth Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEA	TH MD.
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IMORE,			ARMED FORCES? 16b. SOCIAL SEC GIVE WAR OR GATES) 217-10-3	URITYNO. 17. INFORMANT VIRGINIA	HOPKINS S	FI4E, Ch	unch St Md 21801
ocertificate to property the property commends.			only one couse per line for (o), (b), o JSED BY: JATE CAUSE (o)	MYOCARDIAL =	INFARCTION Y	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. BHYSICIAN: The law requires that the deoth certificate be executed within 24 hours of the other this certificate has been signed by the Interns on sicion and completely filled in by as the burial-transit permit. Then pleas the certificate has been signed by the Interns on the burial-transit permit. Then pleas the certificate has been prior to burial, certificate the medical execution or the medical execution or the medical execution.	9	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	my Arrest DIE	HE		
RDS, 201 equires th n signed to Then plea to burial,	NO	PART 2. OTHER SIGNIFICAN CHRONIC	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT Ira
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED PAL SEUDO ANEURYSA	200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
PYSICIAN: T ding physical s certificate burial-fronsi Mental Hyggsh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	IRT 2)
DIVISION DING PHYS or ottendir After this se os the bus olth and An	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUN	ATY STATE
ATTENDIA spital ar CTOR: Al ffar use of Health		saw the Jecep tholive	spital) ottended the deceased from an	, and that in (m) (our) opinio	, to		m the couses stoted
PITAL OR , by the ho IERAL DIRE se detached State Dept		22b. SIGNATURE	w Care f.		MEDICAL STAI	F .	DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote		NEVINS		220 ADDRESS MED GRE	PALISBUR	er MAR	Q WALL
BP		BURIAL, CREMATION, REMOV	AL 23b. DATE 11/28/1984 S	Dringhill Mem LAN	Jens Hebro	N WIC	· MOSTATE
DHMH - 16 60M 7/84 (VRA 15, 4)	B	AKEN T BOUND	S SALISBUING	1.	FC 0 1 1006	256. REGISTRAR'S SIG	



	18	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		EASED NAME	FIRST	MIDDL	E	Ĺ/	AST	20. DATE O	F DEATH MONT	H DAY YEAR	2b. HOUR
0 th 3	(TABE (OR PRINT)	Betty	Max	rie	140	VFFER	1 /	VOUEMBO	R 2 198	C OFOSM
irector, page 3	SEX			RACE		5. DATE O	FBIRTH	6. AGE (IN)	EARS LAST BIRTHDAY	F UNDER I YE	AR IF UNDER 24 HRS
soft		Female		White	3	06-	18-36 YEAR	50		YRS.	S HOURS MIN.
41		THPLACE (STATE OR FO	OREIGN 76	CITIZEN OF WHA	T COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	OUNTY OF DEATH	
86	CC	Delaware		U.S.A.		WIDOWE		1 44 1 7 7 31	nico		MD
		Y OR TOWN OF DEA			PITAL, NURSIN		ROTHER INSTITUTION Spital	(TYPE OF WOR	OCCUPATION K FOR MOST OF WOR	12b. KIND RKING LIFE) INDUSTR d Housewi	OF BUSINESS OR
453		L RESIDENCE (IF NURSII TATE	Worch		RESIDENCE BEFORE CITY OR TOW		13d. INSIDE CITY LIMITS?	Rt. 1	ADDRESS / ZIP	CODE ldwood Tr	rail 21851
		THER'S NAME FIRST		DDLE	LAST		IS MOTHER'S MAIDEN N FIRST Georgi-ann	AME	MIDDLE		LAST
3 1		AS DECEASED EVER I	IN U.S. ARME	D FORCES? 16b.	SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
100	(YI	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	14-34-5	5264	Glenn E. Hu	ffer	same	as above	
		Conditions, if ony, gove rise to imm couse (a), underlying couse	which mediate g the		A CONSEQUI	ENCE OF	RICHT	HE	ans F	710102	ÖXIMATE INTERVAL IN ONSET AND DEATH
ows ony injury, o	CERTIFICATION	PART 2 OTHER SIGN				44	NOT RELATED TO THE TER	206 AUTO	OPSY? 20h	IF YES, WERE FIN CERTIFYING CAUS	DINGS USED
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	MEDICAL	21d. INJURY OCCURR	or Ci-	21e PLACE OF 1		FARM, ETC.)	211. LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
ltem 21 is morked		220. I certify that (I(sow the decease above (I) (w): 22b. SIGNATURE	d alive on	of the ded the	19_	G	nd that in Cay (Our) opinio			22c. DA	TE SIGNED
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with the Stote				23b. DATE	234	NAME OF C	EMETERY OR CREMATORY	23d. LOC			
IMPOR		URIAL, CREMATION, I		11/05/86		TANKE OF C	EMETERT OR CREMATORT	230. LOC	ATION FOR TOWN	COUNTY	STATE

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0 4 3 .	J J J HUY	U	REGISTRAR		M	EDICAL	EXAMIN	IER'S	CERTIFIC	CATEO	FDEATH	RI	EG. NO.				
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	28 25 25 E	1	EORPRINI	Willia	a.m	Harr	rison		Hugh	PG	D	OF EST	ED A	11	2 1	86	074
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	Y DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE THE OUR FILES. BE FILED WITHIN 72 HOURS PRIVATION PLETED THE		TY OR TOWN C		11. NAME OF HO		IRSING HOM			DIVORCE		W 3 OCCUPATIO	COM		25 KIND	OF BUS	MD
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JULD BE EXECUTED WITHIN 24 F. "PENDING". IN PENCIL IN ITER FE MEDICAL EXAMINER ALON SED AS A BURIAL - TRANSIT PER F HEALTH AND MENTAL HYGIE! THEALTH AND MENTAL HYGIE!		lying caus	e lost.	(c)												
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>	S CHENT	X	WHILE AT WORK	NOT WHILE C	STREET, FA	ACTORY, FARM,	ETC.)	3	STREET		CIT	YORTOWN		COU	NTY		STATE
	EXAMINER: THIS CERTIFICATE SHOULD SECRIFICATE, WRITING THE WORD "PULD BE FORWARDED TO THE CHIEF. I DIRECTOR: PAGE 3 SHOULD BE USED 4, WITH THE STATE DEPARTMENT OF HE MARYLAND, 21201 PRIOR TO BURRAL.			THE THORN								IV-					
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	A THE SECTION		death resulte	d fram: Notur	al causes X,	Accident	□, s	uicide	, Hamic	ide .	Undetermi	ned monner	<u></u>				
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he faw re on. has been t permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION W	AS PERFORMED		Ib. IF YES, WERE FIND CERTIFYING CAUSE YES [
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rat OR attraction of the passion of		22b. SIGNATURE	all	DEG.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	/	ESIGNED
HOSPII ined b FUNE vid be vid be ORTAN		22d. PHYSICIAN'S NAME (TYPE OR PR			e ADDRESS	· , Poconor		2 1851
BP	23a. 6			NAME OF CEME	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	WI.
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	1 - Vocas	s 1 Charles	25a. No	FREC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	

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TO MEDICAL EXAMINEES THIS SEND TO MEDICAL EXAMINEES THIS SEND TO THE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYMAND, 23 2000.	4	EXAMINER'S NAME John			ADDRESS		bury, Ma	ryland		
EMEE < 9	1	URIAL, CREMATION, REMOVAL 2	3b. DATE 23c	1	TERY OR CREMATO	CITY	ORTOWN	COUNTY	ST	ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2n DATE OF DEATH MONTH 2h HOUR Mouse ber 21. LEE A AGE LIN YEARS LAST BIRTHDAYS 5. DATE OF BIRTH MONTH DAY YEAR 22 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico WIDOWED 12ª USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hatchery Worker Poultry Rt. 1 - Box 319 13d INSIDE CITY LIMITS? 21811 YES [Berlin 15. MOTHER'S MAIDEN NAME Lewis Ella. Katherine 17. INFORMANT Rt. ADDRESOX 205

ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Berlin, MD 1131 COUNTY 136 CITY OR TOWN Maryland Worcester A FATHER'S NAME Daniel FIRST MIDDLE Mitchell 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 221 18 3286 Annie Brittingham Whaleysville, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION ONDITION FOR WHICH OPERATION, WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 30/86 NO YES | 21¢ HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY THE LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE

22d PHYSICIAN'S NAME (TYPE OF PRI 230 BURIAL, CREMATION, REMOVAL 23b. DATE

220.1 certify that (1) (this hospital) attended the deceased fram

abave, (1) (we) (did) (did hat) view the body after death.

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

STAFF DIRECTOR | PHYSICIAN

BURTAL

STATE

DECEASED NAME

MARYLAND

I STATE OR FORFIGN

4 RACE

IISA

(TYPE OR PRINT)

11/24/86 24 FUNERAL DIRECTOR

saw the deceased alive an

22b. SIGNATURE

Dale Cemetery

16

Whaleysville, MD 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and that in (my) (aur) apinion death occurred on the date and have and from the causes stated

MEDICAL

whise Taridoon Pondas

22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15. 4)

00

W. Kirk Burbage 108 Williams St. Berlin, MD

22e ADDRESS

DEGREE

AND REAL PROPERTY OF

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

230 BURIAL, CREMATION, REMOVAL

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE Islia Division Re

26 HOUR

NO [

STATE

IF UNDER 24 HRS





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023461 NOV	4	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 3 3							3 2	8 4
e v t		CEASED NAME	FIRST	MIDDLE	1	AST	20. DATE OF DEA			26 HOUR
nay be poge	3. SE		ncent	W.	Is. DATE O	OLW S	6 AGE (IN YEARS)		86 FUNDER I YEAR	IF UNDER 24 HRS
ttor.		nale		lack	May	DAY YEAR	84		ONTHS DAYS	HOURS MIN.
Page	6	RTHPLACE (STATE OR FO	-	N OF WHAT COUNT	RY2 8	11.796	9 BALTIMORE C	TY OR COUNTY	OF DEATH	
too To To		aryland	J US	A	WIDOWS	D NEVER MARRIED . DIVORCED [1.1.	remiss		MD.
s ofter d	500	alialy and		ME OF HOSPITAL, NU of in such facility, gives		OR OTHER INSTITUTION	120. USUAL OCCU	JPATION	12b. KIND O	F BUSINESS OR
ND 212	13a :	STATE	G HOME OR OTHER INST 3. COUNTY Vorcest	ITUTION, GIVE RESIDENCE B	FORE ADMISSION) TOWN DVILLE	134 INSIDE CITY LIMITS?	13e STREET ADDR		. 218	813
WARYLA	14 F/	THER'S NAME John	MIDDIE	LAST	aw s	15. MOTHER'S MAIDEN N			urnelî	i
BALTIMORE, MARYLAND 2120 cote be executed from a hours system on company of the popers. Poges vol. it, fife medicolescent per many of the popers.	160 \	WAS DECEASED EVER IN	U.S. ARMED FOR		12-673	17. INFORMANT 2 Madelpn :		DDRESS		Del. elbyvill
DS, 201 W. PRESTON ST., quires that the death certifusioned by the attending phen please remove corbang to burial, cremation, or remainly, ar other traumatic even	NO	Conditions, if any, gove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGNI	which diote the lost.	TO, OR AS A CONSI	EQUENCE OF	light &	ALLA ALLO RMINAL DISEASE OR	Selson CONDITION GIVE	N IN PART 110	,
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been signs the burial-tronsit permit. Then th and Mental Hygiene prior to be orked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	ON 19b.	CONDITION FOR WI	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
N OF VITAL SICIAN: The ng physicia certificate h unial-transit i		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICA	USE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE C	IF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
DIVISION O or attending or attending After this cer is as the burio oith and Ment marked or the	MEDICAL	21d. IN JURY OCCURRE	D 21e.	PLACE OF INJURY HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
TENDI Or use of Heal		22a.1 certify that (1) (1 sow the deceased above, (1) (we) (die	olive on	I COLL VIEW	/	nd that in (my) (our) opinion	n death occurred on	the date and hour		that (I) (we) lost causes stated
DIRE		22b. SICHADURE	m	Arhe	un	DEGREE ATJENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF TSICIAN [320. DATE	SIGNED A-86
TO HOSPITAL TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAM	itche	10. M.E	1	POB 23	78 Ac	usbu	2180)	hel
BP	230.	BURIAL, CREMATION, RICEPECH Burial		1/6/86	Germa:	EMETERY OR CREMATOR	CITY OR TO	WN	County	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	-	UNERAL DIRECTOR	Watson		1000		ATE REC'D. BY REGIS	TRAR 256 REGISTA	ARSSIGNAT	JAL .

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH YEAR 25 HOUR 00 November 0727 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR 131

S. SEX 4. RACE Female e. BIRTHPLACE I STATE OR FOREIGN

TO CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

YES NO

Wicomico 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY apove -

13e.STREET ADDRESS / ZIP CODE

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

Peninsula General Hospital Salisbury

16n WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

& CITY OF TOWN OF DEATH

LYES NO OR UNKNOWN

CERTIFICATION

sabello

15-GATE

LITTE OF PRINT

DECEASED NAME

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 14 FATHER'S NAME MIDDLE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), 16, and (c),1

166 SOCIAL SECURITY NO

ADDRESS

radias

aNC.

20b. IF YES, WERE FINDINGS USED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last

190 DATE OF OPERATIO

DUE TO, OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Kerro 2013m MAS PERFORMED

215. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

19

IN CERTIFYING CAUSES OF DEATH? NOF YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

20a AUTOPSY?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

COUNTY STATE

NO TT

NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_

22b. SIGNATURE

abave, (1) (we) (did) (did nat) view the bady after death

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED

27d PHYSICIAN'S NAME (TYPE OF PRINTS

22e. ADDRESS

DEGREE

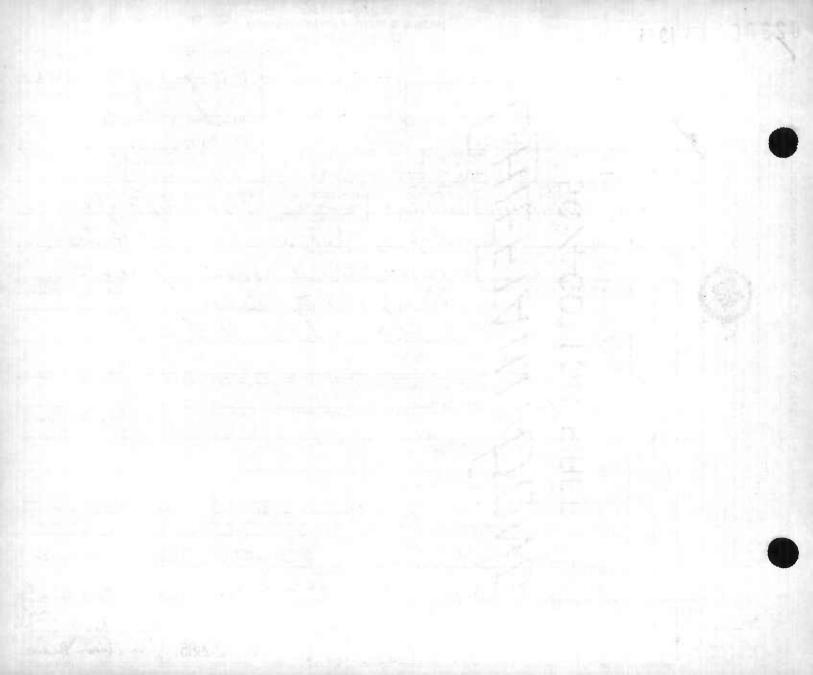
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

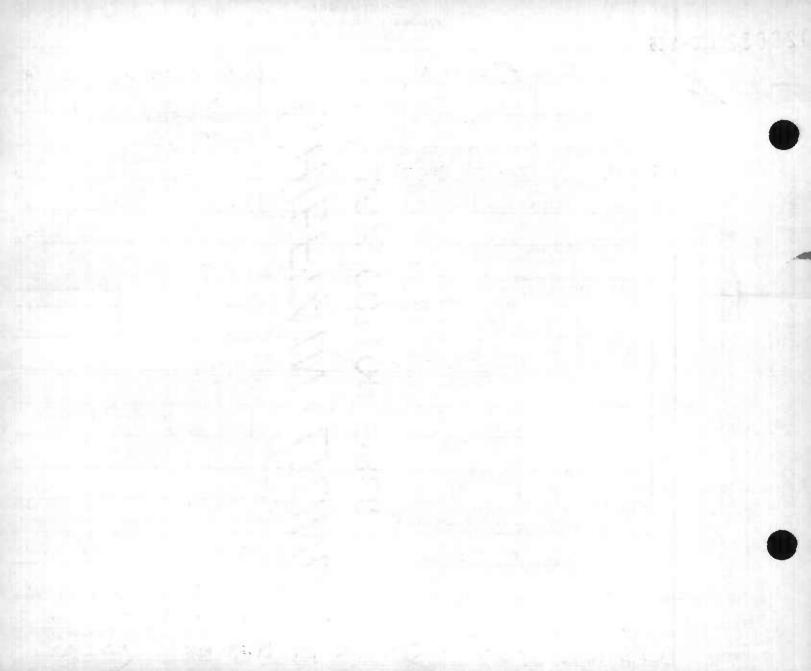
FUNERAL

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 26. REGISTRAR'S SIGNATURE



26032 DEC-	1 -	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		3 , NO.	5 2	8 5
3 of the state of	1,OE	CEASED NAME F	da A		MIDDLE CEUS		X51	20. DATE OF DEAT		19 1986	26. HOUR
Doge moy be	3. SE		4 RA	CE		5. DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
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in 72 hor		RTHPLACE ISTATE OR FORE COUNTRY) Laware		TIZEN OF SA	what countr	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CI	Y <u>OR</u> COUNTY	OF DEATH	MD.
s offer o	1	ty or town of death Lisbury	Pe	NAME OF I IF NOT IN SUC nins l	HOSPITAL, NUR HEACILITY, GIVESTR 11a Gene	SING HOME C SEET ADDRESS) Eral Hos	ROTHER INSTITUTION Spital	(TYPE OF WORK FOR M Homemake	OST OF WORKING LIF	12b. KIND OF INDUSTRY	F BUSINESS OR
24 hour	13a S		HOME OR OTHER COUNTY COMIC		136. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NO 🔀	Rt. 346	SS / ZIP CODE 21	874	
Within Section 1	14. FA	THER'S NAME William	MIDDLE		Wilki	ns	IS. MOTHER'S MAIDEN N Emma		ite	Li.	ttleton
or be executed to the medical of the	16a \	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED F	ORCES? OR DATES)	166. SOCIAL SE 219-07-		17. INFORMANT Lloyd W. Lew		odress ville, Ma		
ST., 8ALT		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one CAUSED BY: MEDIATE CA		line for (a), (b),		ARMES	37		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
RDS, 201 W. PRESTON equires that the death c is signed by the attend Then please remove co- to burial, cremation, injury, or other troumaric	z	underlying couse	the lost.	(0)	RAS A CONSECUTION TRIBUTING 1	ULCE		LEG.		EN IN PART Ito) ·
nos beer los beer we any we any	CERTIFICATION	19a. DATE OF OPERATIO	196. CONDITION FOR WHICH C			CH OPERATIO	N WAS PERFORMED			S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO	
OF PHYSICIAN: The Ic optending physician. er this certificate has a the buriol-transit per cond Mental Hygiene ked ar Item 18 shows		21g. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH		M. MONTH	DAY YEAR	21c. HOW INJURY OCCU				
ING PHYSICIAN: " To thending physis refricted os the buriol-frons inh and Mental Hyginthead or frem 18 storked or frem 18 stork	MEDICAL	21d. INJURY OCCURRED	2	le PLACE	OF INJURY REET, FACTORY, OFFI		21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
R ATTENDIN hospital or a RECTOR: Aft red for use or ppt, of Health iem 21 is man		22a.1 certify that (1) (the saw the deceased above, (1) (we) (did				N/a /	d that in (my) (our) apinio	n death occurred on t	he date and hou		that (1) (we) last causes stated
L DIRE tache e Dep		276. SIGNATURE	nk	of K	fluis		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	224. DATE !	SIGNED 2 9/88
TO HOSPITAL TO FUNERAL should be det with the State	-	220 PHYSICIAN'S NAM	n 14.	ROB	INS	2 1445 05 5	Rt. 50 at	CIVIC AL	re. 5	rlesburg	y md.
BP	В	BURIAL, CREMATION, RES (SPECIFY) 171al		2-2-8			e Cemetery or CREMATORY	Willards	ĕ Wicomi		
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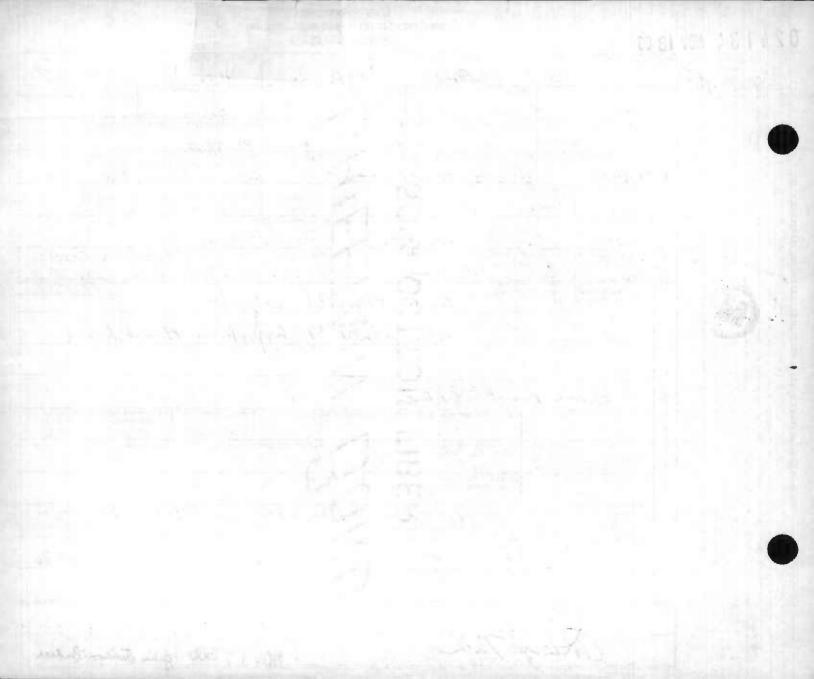
DHMH - 16 60M 7/84 (VRA 15, 4)

Kirk Burbage

108 Willmans St.



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021121 MOU	lik	FOR STATE		DEPARTA		AND MENTAL HY	GIENE	0 0 2	
ANN TELLTRA	18	STATE ROGISTRAR			CERTIFICATE	OF DEATH	REG. NO.		
		CEASED NAME FIRST FOR PRINT)		MIDDLE	LAST .		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
And some decity be		Willi	iam	S.	Lone	9 Jr.	November	11 1986	1550 M
ê a 9	3 SE	X	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Page 4 m director, I		Male	White		Mav	8, 1924	62 yr	MONTHS DAYS	HOURS MIN.
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nerol.		Delaware	USA		WIDOWED	DIVORCED [Wicomico		MD
fter d	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		RINSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
5 6 6	Sa	alisbury		ula Genera		al	Rural letter c		
Alin hour		AL RESIDENCE (IF NURSING HOME STATE 134 COL	OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	SIDE CITY LIMITS?		01	115.13
BALTIMORE, MARYLAND 2120		laware Sus		Frankfor	d YES		Thatcher Stre	et //	777
Tely thin	No E	ATHER'S NAME			15 MO	THER'S MAIDEN NA		/ /	
w b. d. w	1	William	S.	Long,	Sr.	Helen M	. Mathews Long	LAS	T.
RE, A		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		ORMANT		hatcher S	Street
MO Pont	1	YES, NO OR UNKNOWN) (IF YES, O	JII	222-14-4	.570 Mai	roaret H.	Long, Spouse,F		
The state of the s		1		-		Egarce III	Long, spouse,		MATE INTERVAL ONSET AND DEATH
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PRESTON ST.,		IMMEDI	ATE CAUSE (a)	0000	7 -				
QT			DUE TO, C	OR AS A CONSEQUE		Q A	inhim He	11.	
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th . attending physicion. ther this certificote has been signed to so the Buriol-transit permit. Then plea th and Mental Hygiene prior to buriol orked or them 18 shows any injury, or or	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 116	٥.
w red mit. Ti orior t	를	190 DATE OF OPERATION	19h CONF	DITIOM FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDIN	IGS LISED
ne low on. permi	CERTIFICATION	THE DATE OF OFERATION	176. CO110	onion tok which	OI ERATION WAS	TERI ORMED	IN CE	RTIFYING CAUSES	OF DEATH?
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R ATTEN hospitol RECTOR ned for u ipt. of Hi		saw the deceased alive of above, (I) (we) (did) (did)	nati view ple body	y ofter death.	, and that i	n (my) (aur) opinion	death occurred on the date and	hour and from the	couses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) Silvio * RACE White IF UNDER I YEAR male 18 1911 March To. BIRTHPLACE | STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Pa. USA Wicomico WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY welder Peninsula General Hospita locomoti Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) R.D. 4 Box 12 COUNTY Millsboro 13d INSIDE CITY LIMITS? Sussex Delaware NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nicholas MIDDLE Rafael Mancini Ametrane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 195-05-4676 Ethel M. Mancini - Millsboro. Del ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVAN IN PART 110 PART 2. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that em (this hospital) attended the deceased from and that is (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be det with the Stote IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TY) Depak Saggar, 547 Riverside Dr., Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 2x 11/9/86 Delmarva Crematory Lewes. Delaware STATE cremation 24 FUNERALDIRECTOR \$6 60M 7/84 Millsboro, Del. Mhy 4.2

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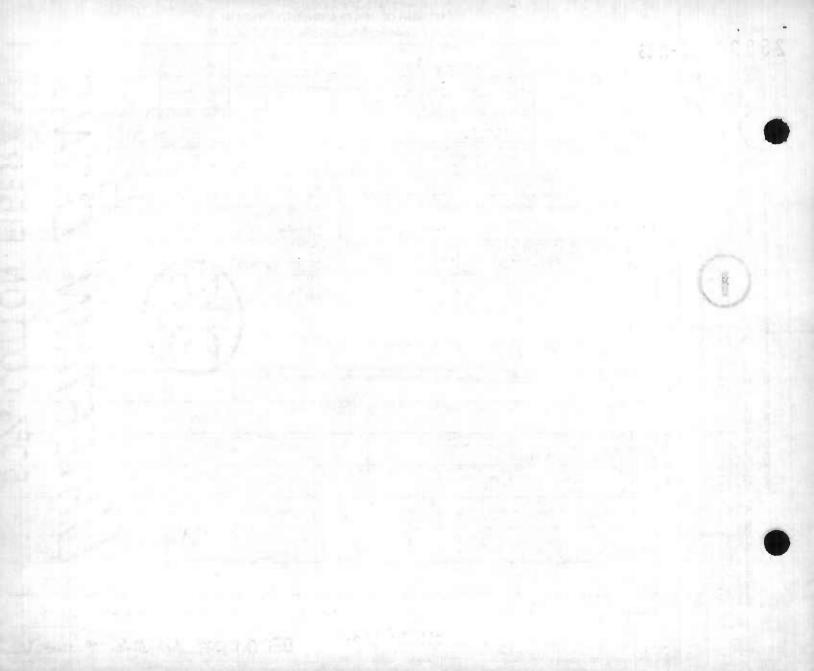
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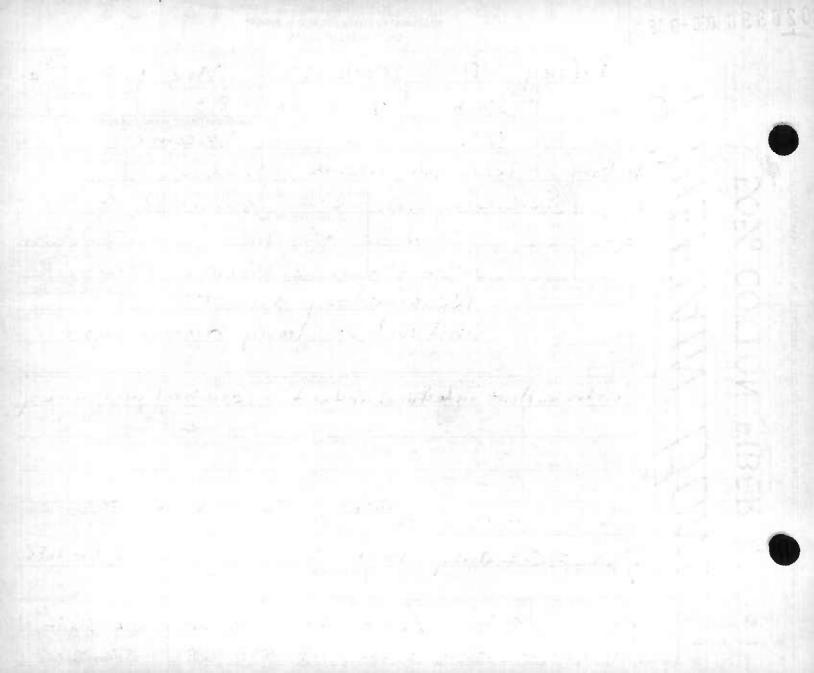
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	ACTUAL SIGNATUR	RE							
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Tion oct		Canditians, if any, which	(b)	lors the			
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D. C.		underlying cause last.	(c)				
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5 5	o S	Me	- Keny	Lew) De	are fuel		
2 1	7 3	190. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINITION CERTIFYING CAUS	
1 1/	1				YES NO	YES 🗌	NO 🗌
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1 1	10	saw the deceased alive of	/	, and that in (my) (aur) apin	ian death accurred an the	date and haur and fram t	
2 - E		obove, (I) (we) (did) (did)	at view the body after death.	DEGREE		-	ATE SIGNED
0 5		III. SIGNATURE	11	ATTENDING		AFF	1,18
1 ×	4	1	1	PHYSICIAN	DIRECTOR PHYS	CIAN []	1100
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131	23u	BURIAL, CREMATION, REMOVA	1 236 DAJE	IJL NAME OF CEMETERY OR CREMATO	RY 734 LOCATION	EDWITT.	
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may be page 3 er deoth		CEASED NAME FIRST aru	MIDDLE	Meekins	2a. DATE OF DEATH MONTH	16 To 7 AM
ope 4 ma rictor, po us offer (3. SE	Female 1	13lach	5. DATE OF BIRTH MONTH DAY YEAR 7 8 0.3	6. AGE (IN YEARS LAST BIRTHDAY) 8 3 YRS	IF UNDER 1 YEAR 4F UNDER 24 HRS
The state of the s		md.	CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	C4 MD.
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W. PRESTON of the death by the attend cremotion, or other froumat		Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE	nuctive lun	ig disease	yrs
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N OF SICIA ng ph certifi urial-ti	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	KED (ENTER NATURE OF INJURY IN ITEM T	B PART I ORPARI Z)
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		22b. SIGNATURE 21d. PHYSIL IAN'S NAME (TYPE OR PRI	Bubbeky	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11-168Z
TO HOSPITAL retorined by th TO FUNERAL should be deter with the Store	22-	0			In togation	
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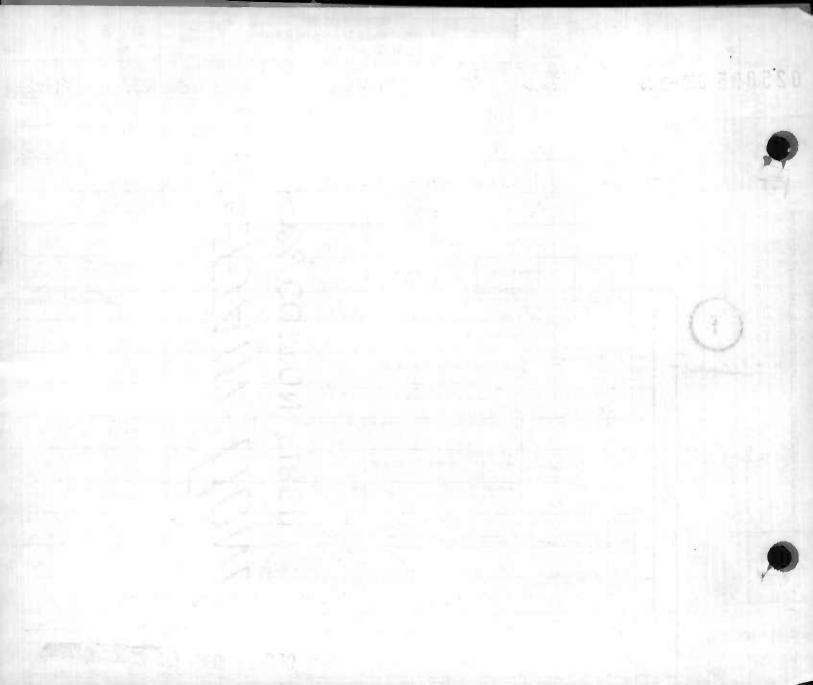
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thar, po	3. SE	x Male	4. RACE Wh	ite	5. DATE C	T DITCHE	6. AGE (IN YEARS LAST BIR	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OI	F WHAT COUNT	RY? 8. MARRIE WIDOWE	NEVER MARRIED X		R COUNTY OF	DEATH	MD.
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tilled in stole of the stole of	13a.	RESIDENCE (IF NURSING HO STATE 13) C	me or other institution county merset	N, GIVE RESIDENCE BI 13c, CITY OR T Rumbl	EFORE ADMISSION) OWN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS Rumbley St	zip code ar Rout	e/ We	stover,
making and 2 miles	A.F	ATHER'S NAME William	WIDDIE	Mered	ith	15. MOTHER'S MAIDEN N. FIRST MELIS	MIDDLE	S	ize LAS	şī
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The law requires that the draft call to the draft of the physicion. Wher this certificate has been signed by the out during as the buriol-transit permit. Then please remove defined the and Mental Hygiene prior to buriol, cremation or removed or them 18 show any injury, or other traditionic are removed or them 18 show any injury, or other traditionic are removed.		Conditions, if ony, whice gove rise to immedial cause 10), stating the underlying cause los	th (b)_te	OR AS A CONSE						
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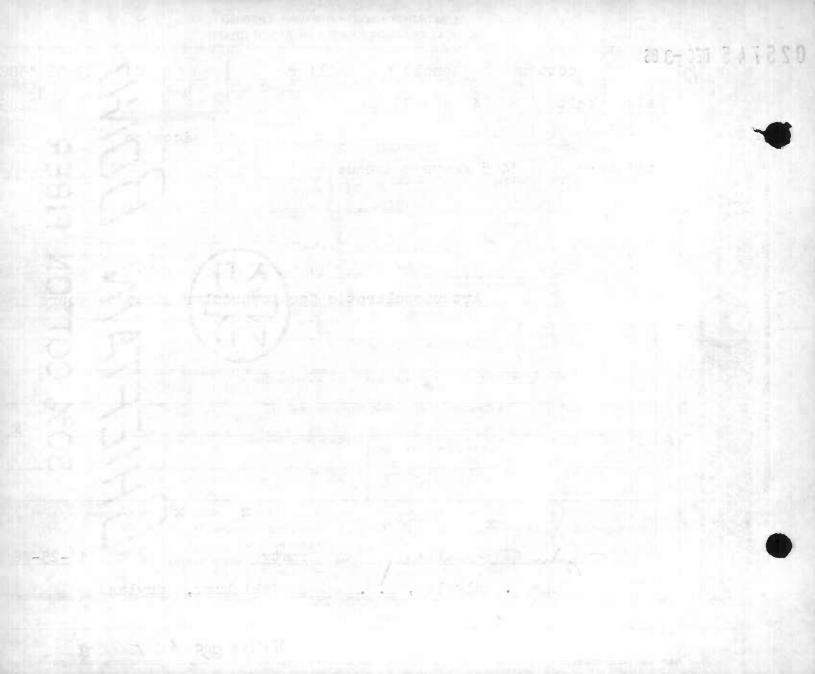
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моу	e de	3. SE		4 RACE		5. DATE O	FBIRTH	1	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1	YEAR IF UNDER 24 HRS
99e 4	ors off		Female	White		05	16	1913	73	YRS_	DAYS HOURS MIN.
4	2 2 2 2 D	. (RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY OR	COUNTY OF DEAT	r H
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5 0 5	d in b	USUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	pricar			•	
AND 2	100	M	,	comico	Salisbut	, X	YES	CITY LIMITS?	13e.STREET ADDRESS /	zip code en Avenue	21801
RYL with	Control of the contro		THER'S NAME	WIDDLE	LAST			'S MAIDEN NA			- LAST
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ALT ote b	200		18. CAUSE OF DEATH (Enter o	nly one couse per	line for (o), (b), o	nd (c).)	Jane		7.0	AT BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
T., B	£311		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)	Cardy		Imas	MAN 1	gasest		ACCUMANT AND DESIGN
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AL R	t pe	TIF							YES NO	YES	NO [
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SION OF VI PHYSICIAN: ending phys	certifu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	A111		19					3.3
PHY	Sign A	AEDI	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM FIC I	211 LOCATI		CITY OR TOW	n COUNT	TY STATE
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NTTE	2010		sow the deceased alive or above, (H (we) (did) (did-m	- Landard	ofter death.	88. on	d that in lary	(our) opinion	deoth occurred on the dot	e and hour and from	n the couses stated
S of	DiRE Dept f them		226 SIGNATURE		4	,	EGREE		1		DATE SIGNED
1 to 1	1 5 9 -		Dennis	2 C	Lodnec	pr 1	7d	PHYSICIAN 2	MEDICAL STAFF	AN [193/86
SPIT	FUNERAL side be detected to the Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRE			-	
O HO etoine	should be de with the Stot		Dennis J. (luincy Sts., So	ilisbury, M	d. 21801
F 2		23a B	URIAL, CREMATION, REMOVAL					CREMATORY	23d LOCATION	COUNTY	A A STATE I
BP.			Burial	11/26	/1986 5	pringh	III Men		rdens Hebror		
	I - 16 60M 7/84 /RA 15, 4)	24 FL	olloway Funeral	Home, F	A., Salis	bury, I	Maryla	nd DEC	TE REC'D, BY REGISTRAR 2	the REGISTRAR'S SIG	MATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE REGISTRAR REG. NO DE CEASED NAME 20. DATE KNOWN DAY MONTH 25 HOLIR OF ESTI-Wootten Ronald Miller 251986 1600 4 RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 16 DEAD 2205 Male White 251086 YRS BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. WIDOWED X DIVORCED Wicomico CITY OR TOWN OF DEATH 12h KIND OF BUSINESS Salisbury 1405 Emerson Avenue Retired Delmarva Power & Light USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b COUNTY Maryland Wicomico Salisbury YES-1405 Emerson Ave. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST James Barnes Margaret Barnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Silver Run Lane (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Yes. W.W.TT 144-10-7820 Salisbury, Maryland Sandra Waller 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW IN JURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE TO MEDICAL EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PA AFTER DEATH, WITH THE ST 22a I certify that I took charge of the remains described above, held on Inquiry X Autopsy ond in my opinion Homicide Undetermined monner Notural couses TITLE (SPECIFY) 11-25-86 Deputy SIGNATURE. John T. Bulkel Salisbury. Maryland 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Cremation 11/28/1986 Delmarva Crematory Lewes, Sussex. 07/B4 Delaware 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Baker & Bounds Salisbury, Maryland ulia Davidson. (VR A15 ME (5))

STATE OF MARYLAND



Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

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TATE

DECEASED NAME TYPE OR PRINT

ELIZABET

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE O REG. NO.	3 3 3	UU
MIDDLE LAST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
NAY MORRIS	NOV. 15,1	986	1730 M
5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
te 9 201 19 68	78	YRS. DAYS	HOURS MIN.
WHAT COUNTRY? 8.	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
A. WIDOWED DIVORCED	Wicomico		MD.
HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
ila General Hospital	TYPE OF WORK FOR MOST OF WOR	PAGLIFE) INDUSTRY	1 Home
GIVE RESIDENCE BEFORE ADMISSION)	110000	2 1001	Pal
SALISOURY 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP	CODE VOOD CL	noke
WILLSTAMS LAVINIA	MIDDLE	CORT	KRAN
166 SOCIAL SECURITY NO. 17 INFORMANT R. M.	dopnis Sn	See Sec	-13
Electromechanical disso	cetron	APPROX BETWEEN	ONSET AND DEATH
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ITION FOR WHICH OPERATION WAS PERFORMED		IF YES, WERE FIND	
	YES NOT	CERTIFYING CAUSES YES	NO
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70 BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF NAME OF (IF NOT IN SUC Peninsu Salisbury SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 1COMICO MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (ME ACCELNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)____ other troumotic ò DUE TO. O Conditions, if any, which (b)__ gove rise to immediate couse (o), stoting DUE TO, O underlying 0 PART 2. OTHER SIGNIFICANT CONDITIONS C CERTIFICATION 0 prior 90 DATE OF OPERATION 196 COND per ond Mentol Hygiene 21a. ACCIDENT WAS UNDERLYING 216. TIME O HOUR A. OR CONTRIBUTING CAUSE OF DEATH MEDICAL morked of Hem (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE After for use os of Heolth o 11/15 220.1 certify that (I) (this hospital) attended the deceased from ... that (I) (we) lost FUNERAL DIRECTOR: and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 21 sow the deceased alive of Jo. should be detoched f with the State Dept. o IMPORTANT: If Item 226. SIGNATU DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS PGHMC 0 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 235. DATE Mem 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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00-	23050		CEASED NAME	FIRST		MIDDLE			LAST			KNOWN X	HTMOM	DAY	YEAR	26 HOUR
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wi az	M PEAT	(Clifford		A.	Morr	is		Emily				Co	llins		
WO	120 Z	16a V	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORMANT	Mrs. B	eryl H	. AMOP	ris (W	life)		
BALTI	Control of the contro		Yes	Kore	an		-30-769	20	510 E	. Linco	In Ave	nue, S	alisb	ury,	Md. 2	1801
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VII.	X82555	1 1													ES 🗌	NO 🕱
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	S CERTIFICATE SHOULD RITING THE WORD, "PE RDED TO THE CHIEF A E 3 SHOULD BE USED, ED EPARTMENT OF HE COI PRIOR TO BURIAL, CO	MEDICAL CERTIFICATION	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	HOUR A		DAY YEAR	21c. H	OW INJURY OCC	CURRED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART I OR PA	(RT 2)		
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	MAN BE BE		death resulted fram	n: Natura	l couses X,	Accident	, Su	icide	, Hamicide	, Unde	termined ma	inner .				
	CERT CERT CLID E DIRE WARY		~						TITLE (SPECIA							
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M	-	(TYPE OR PRINT)	John	T. Bu	lkele	у, М.	D.	ADDRESSS	alisb	ury,	Mary	land			
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25M	DHMH - 17		INERAL DIRECTOR						250. D	DATE REC'D. B	Y REGISTRA	R 256 REG	ISTRAR'S	GIGNATI	JRE	
	(VR A15 ME (5))		Tõlloway F	uneral	Home, F	.A., S	alisbury	, Ma	ryland	ON 5	1986	Astin	Durid	15740 £	udae	رها

024702 N	W;	FOR STAC REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 5 3	3 3	0 2
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR 2 5
Page 4 may be director page 3 hours after death		Ar	lie -		NEL SON	November 16,	1986	50 M
mo work	3. SE	X	4. RACE		TE OF BIRTH ONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,
ge 4	2	Male	White		ay 27, 1900	86 YRS.	MOINTS DATS	MIN.
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s after of by the fulled with		alisbury	(IF NOT IN SUCH FACIL	ITAL, NURSING HOALITY, GIVE STREET ADDRESS Head Cer	ME OR OTHER INSTITUTION Iter	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Truck Farmer	12b. KIND O INDUSTRY Food	PF BUSINESS OR
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recuted within 24 hours and completely filled in by iges I and 2 should be filled edical exchange by the completely the completely filled in by ingest and 2 should be filled in by in the complete of the com		ATHER'S NAME FIRST Frederick	MIDDLE	Nel son	15. MOTHER'S MAIDEN N FIRST Priscil	AME	Sterî	11.79
ecut in and co Pages 1			CINE WAS OR DATES	6-05-3183		son Same as 13	a,b,c,	d,e
physicio onpapers emaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	Paraia e	anes	+	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The law requires that the death offending physician. Wher this certificate has been signed by the attendin os the burial-transit permit. Then please remove cach ith and Mental Hygiene prior to burial, cremation, ar orked at them 18 showsany injury, at other froumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	A CONSEQUENCE C)F	minal disease or condition G	IVEN IN PART 110	5'
he law recon on. has been to permit. I ene priorit owe any in	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION	FOR WHICH OPERA	ITION WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	NGS USED OF DEATH?
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ITAL OR A by the has the has a detoched side Dept.		226. SIGNATURE	2.6	was	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED 16/26
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detail with the State [MPORTANT: H		Inja J	. Hwang, Mo	6.	Deer's Hea	d Center, Salis	bury, M	ld.21801
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11/19/86		of Cemetery or Crematory Cemetery	Crisfield	Somerset	
DHMH - 16 60M 7/84 (VRA 15, 4)		oneral director & Sons	crisfic	elä, Md.		OV 2 0 1985	TRAR'S SIGNAT	URE

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1 2000	7 0 NOV	- 5	TATE REGISTRAR				ERTIFICATE OF	DEATH	NO.	
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RY,		m	He White	9 8	1934 52	101.001.111	HS DAYS HOURS	DEAD	11-2-	1A W
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17/3	57 AM		alisbury		chity, give street address la General		tal	Mechanica	1 1 1/	Thomason
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DIVISION OF VITAL RECORDS, 201 W.	JG" IN PENCIL IN ITEM 18. G 2AL EXAMINER ALONG WIT BURIAL - TRANSIT PERMIT. P AND MENTAL HYGIENE, DIV WITION, OR REMOVAL.		cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF				
DS.	E. WRITING THE WORD "PENDING" INF RWARDED TO THE CHIEF MEDICAL EXA PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND M. 7, 21201 PRIOR TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PART	1.0		
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A SH	ARE AGE	-	AT WORK AT WORK	hgwy.		U.S	.Rt. 13@Peg	gy Neck Rd.	Somer	set Co., Md.
	A HE, P. P. ST. P. ST. P. ST. P. ST. P. ST. P.		22a I certify that I took charg	e of the remoins de	scribed obove, held on	Autop	sy X, Inspection	, Inquiry .	ond in my apin	iian
- 3	SHOTE OF		death resulted from: Notus	al causes.	Accident X	Suicide	, Homicide .	Undetermined manner		
2	A WEEK			11			TITLE (SPECIFY)			
3			ACTUAL SIGNATURE	X/V	1	M	D. Assistant	MEDICAL EXAMINER	DATE SIGNED	11-3-86
Old	CUTE THE SE A SHOUTENER FUNERAL ER DEATH.		EXAMINER'S NAME \ , GI	egory R.	Kauffman,	M.D.	111	Penn Street		
	EXECUTE THE PAGE A SHO TO PUNERAL AFTER DEATH		(TYPE OR PRINT)				ADDRESS			
-	mut-4m	230. B	IRIAL CREMATION REMOVAL		23c. NAME OF C		R CREMATORY	CRISTIELL	POUNT	
07/84 { 25M	BP	74. FI	DOMA J	11/6/86	77300.	7	IZSE DATE DE	C'D. BY REGISTRAR 256. R		ENATURE
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(\	/R A15 ME (5))	-	ory . In	way (requeld	1 111		7	2-40-600	A 3 A

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				FOR STATE			TH AND MENTAL H		0	3 0	77
) 1	2 2 (2)	DE NOW IN		REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE C	F DEATH REG. N	10.		
- 4	JJY	A MAN IN		CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN	MONTH	DAY YEAR	Zh HOUR
		W 200.5	(TYP)	E OR PRINT)	M.		Malan	OF ESTI-	N 44	206	1150
		SAS TOR TOR TEET	3 SEX	Marita		6 AGE (IN YEARS IF	Nelson		MONTH	2 1986 DAY YEAR	1450
		SECE	1 25 Y	4. KACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MOITH		
		ON SOUR	Fe	male White	1 26 37	49 YRS.		DEAD	11	2 1986	1450
		RAIL Y ALL		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MA	RRIED X NEVER MARR	9 BALTIMORE CITY	OR COUNTY	OF DEATH	1 15 1
	-	B NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D WITHIN 72 HOURS W PRESTON STREET,		FNTUCKY	USA		OWED DIVORC		ico		AAD
		ZE S	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME, OR C	THER INSTITUTION	120 USUAL OCCUPATION (TO		KIND OF BU	SINESS
		NA PARTY	1 0	olighum.	(IF NOT IN SUCH FACILITY, GIVE ST		Hean: tol	OR MOST OF WORKING LIFE	0 6	OR INDUSTR	SA.
		No record street, and		Salisbury AL RESIDENCE (IF IN NURSING HOME OR	Peninsula	General	Hospital	School TEACHE	1	20CMI	7
	8	298 3B	13a. S	TATE , 138 COUNT	Y . II3 CITY	OR TOWN	13d INSIDE SITY LIMITS?	13e STREET ADDRESS	a	51010	4
	MD. 2120	3.台灣學別人		NARY LAND HART	FORD BE	DiR	YES NO	1300 Plymou	Th Th	614d /	
	9	- 1200 11	7 34 FA	THER'S NAME	MDDIE	LAST	15 MOTHER'S MAIDE			1467	
		AND AND	1/1	les	mindle m.	ATTHEWS	-	DeAN	CANI	ليمط	
	O O	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	160. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRES		., 0	
	Ě	S AFTER DEATH GIVE PAGES ITH FORM P PAGES I AN IVISION OF VI) /(YI	ES, NO, OR UNKNOWN) (IF YES, GIVE W		-48-1129	Da	1 Nelson (2	:1/ n	nd
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE IRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE CHIEF MEDICAL EXAMINER ALONG WITH FORM LUSED AS A BURAL - TRANSIT PREMIT. PAGES 1 ALOF HEALTH AND MENTAL HYGIENE, DIVISION OF SHALL, CREMATION, OR REMOVAL.	-				KAYMOUC	1 Nelson (rispie	10,11	70.
	1	NAT. W.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED			2			APPROXIMATE BETWEEN ONSET	INTERVAL
	Z	ALENA EN	7		CAUSE (a) Crani	o-cereb	ral Trauma				
	STO	APPLE		0 91	DUE TO, OR AS A CON	ISEQUENCE OF					
	2	E SA SE		Canditions, if any, which gove rise to immediate	(b)						
	3	A Z Z Z Z Z		cause (a) stating the under-	DUE TO, OR AS A CON	ISEQUENCE OF					
	201	ZXAXXX		lying couse lost.	40						
	38,	A PAR		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT BELA	TEO TO THE TERMINAL OIL	EAST OF CONDITION CIVEN IN BA	91.1.			
	ORO	EXTA POST	Z			TEO TO THE TERMINAL OF	THE OR CONDITION DISEN IN TA	WI I I U.			
	EC	A A SEAL	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WILLION OPERATION	LWAC DERFORMEDS				
	- F	SHOULD ORD "PE CHIEF N E USED A TOF HE	15	178. DATE OF OPERATION	178 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?	
	× ×	XXA PULCE	E							YES 🗌	NO X
	9	AEN BEN BEN BEN BEN BEN BEN BEN BEN BEN B	7 8	210 EXTERNAL CAUSE WAS	215. TIME OF INJURY	DAY YEAR	. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM T	8 PART T OR PART 2	H	
	N	SECONTRACT SECONDARY	MEDICAL	CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	2 86 P	assenger i	n car striki	ing co	ncret	е
	ISIC	SHA	ě	214 INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME, 21f.	LOCATION			culve	rt
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		A P P P P P P P P P P P P P P P P P P P		22a certify that I taak charge	af the remoins described aba	ve, held an Au	tapsy	n 🗶 , Inquiry 🔼 , o	and in my opini	ian	
		ME WOLL		death resulted from: Noture	al causes, Accident	XX, Suicide	, Hamicide .	Undetermined manner			
		AR WELL					TITLE (SPECIFY)				
		A PACIFIED A		ACTUAL SIGNATURE	5 65 ml	ralou	Mp Deputy	MEDICAL EXAMINER	DATE SIGNED.	11-2	-86
		SER SER	1	0				MEDICAL EXAMINER	SIGNED		
		TING THE TANKE	10	EXAMINER'S NAME Johr	T. Bulkele	ey. M.D.	ADDRESS Sal	isbury, Mary	rland		
		TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WILL THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BUSINAL.	73n BI	JRIAL, CREMATION, REMOVAL 23		HAME OF CEMETER		236, LOCATION			
			(5)	PECIFY)	116/86	1 1	I OR CREMATORT	KUY OR TOWN	COUNTY	- L	are d
	07/84 25M	BP	74.5	JNERAL DIRECTOR	116106	tsbury	126- DAYE	CRISTIELS	JOMERS		nd.
		DHMH - 17	24. FU	MARIE /	ADDRESS	1.000	750, DATE NOV	REC'D. BY REGISTRAR 255 REC	Janely - 1) Page	
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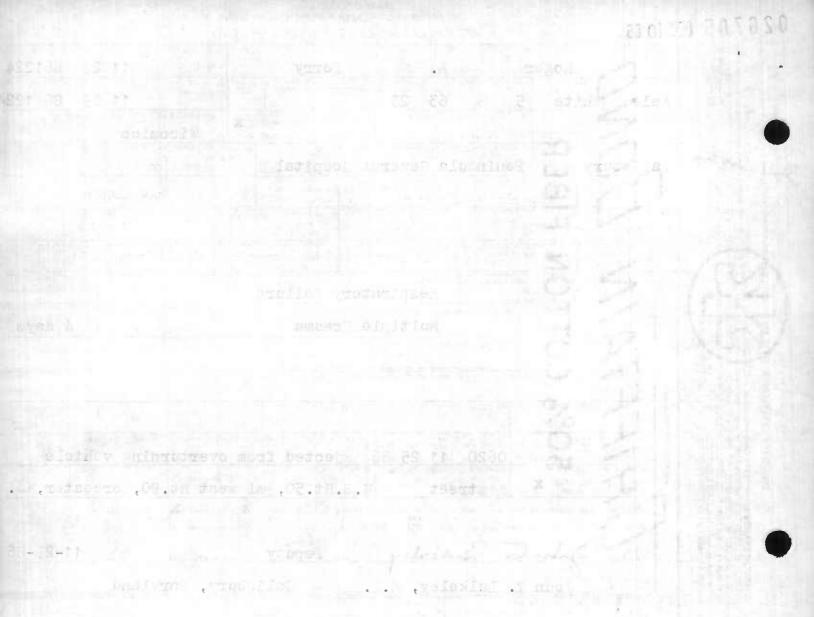
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 124685 NOV 21 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME KNOWN X 2a DATE ANCESSARY, PLEAS.
RUNERAL DIRECTOR.
E SYOR YOUR FILES.
E), WITHIN 72 HOURS (TYPE OR PRINT) Christopher Peek DEATH MATED 19 86 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Aug. 17, 1956 DEAD Male White 30 11 - 1319 86 D.M To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. New York WIDOWED DIVORCED Wicomico County, IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 129 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Salisbury Peninsula General Hospital New York State Police 0 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 134 INSIDE CITY LIMITS? 130 STREET ADDRESS VI36 COUNTY 13c CITY OR TOWN Staten Island New York YES X NO [] 30 Mayberry Prvy. A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Julius Vivian Squires Peek 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HEYES GIVE WAR OR DATES) Vietnam Same as #13e 124-48-8876 Mrs. Ines Peek 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolism complicating left leg fracture DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH MEDICAL 2:55PM 19 86 motorcyclist slid into guard rail 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK THE Rt. 13 & Rt. 363, Princess Anne, Somerset Co., road AutopsyXX 220 I certify that I took charge of the remains described above, held an Inspection Accident XX Hamicide death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 11-16-86 SIGNATURE MEDICAL EXAMINER TO MED EXECUTE PAGE 4 TO FUNI AFTER D EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., Md. 21201 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY Cremation 11-22-86 Bronx, New York, New York Woodlawn 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Md. ina Dividson Randale (VR A15 ME (5))

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	ANNER FICATE			ify that I took charg ted from: Natur			ריפו	Autop Suicide	, Homicide .		Inquiry X,	ond in my	opinion		
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B PAGE 4 SHOULD B FOUNDERAL DIREC AFTER DEATH WITH BALTIMORE, MARY		ACTUAL SIGNATURE	John	56	Zus	Isaley		Deputy	MEDI	CAL EXAMINER	DAT SIGI	E NED	11-29	9-86
	SYECUT SYECUT TO FUN SALTING	22- 0	EXAMINER'S (TYPE OR PRI	NAME John			ey, M		ADDRESS Sal		ry, Mar	yland			
07/84 25M	BP	(:	Burial		12/2/1	986	Springhi	ll Men	nory Garder	ns H	lebron, W				id
23/41	DHMH - 17 (VR A15 ME (5))	Z4. F	Hollow	ay Funeral	Home,	₽.A.,	, Salisbu	гу, Мо	ryld CO	4 1981	REGISTRAR 25h	Colden			



2	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. NO	3 3	3 0 /
0 2 3 / 1 2 DEC	1-9	CRASED NAME FIRST		MIDDLE	01.	AST		MONTH DAY	YEAR 26 HOUR
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mo)	3. SE	x	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR IF UNDER 24 HRS
ge 4		Female	Whi		8	/19/93 YEAR	93	YRS.	
George Po	V	RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	US		WIDOWI		9. BALTIMORE CITY O		MD
by the fi	Sa	ITY OR TOWN OF DEATH	Penins	ula Gener	al Ho	spital	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK 6	WORKING LIFE) IN	Own Home
in 24 hour	13a.		ROTHER INSTITUTION NTY Cester	I GIVE RESIDENCE BEFORE 13c. CITY OR TOW Berlin	ADMISSION) N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / 1242 Ocean	ZIP CODE Pines	/ 21811
mARTL seed with	1	ATHER'S NAME FIRST Major	E.	Selby		IS. MOTHER'S MAIDEN NA FIRST Mati	lda		irton
TIMORE be execu		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	212 66 1		Margaret C.	Rodgers,		Maryland
T., BAI.		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	nly one cause pe ED BY: TE CAUSE (o)	Carde	al	ARREST	<u></u>		BETWEEN ONSET AND DEATH
W. PRESTON 9		Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	163_	OR AS A CONSEQUE	mea		luce		hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OF THE STATE OF THE STAT	CERTIFICATION	PART 2 OTHER SIGNIFICANT						OITION GIVEN IN	RE FINDINGS USED G CAUSES OF DEATH?
OF VITAL: CLAN. The criticote ho advisorant profile Hygien rtol Hygien		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO	YES T	OR PART 2)
OVISION Offerding offerding the fibration handle for handle for	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	wn (COUNTY STATE
OR ATTENDO The heapting of DIRECTOR. A DIRECTOR. A Dispose of Health		220.1 certify that (I) (this hasp saw the deceased alive of above, (New) (and add n 22h SKSNATURE				nd that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STAF	F _	that (1) (we) last from the causes stated
O HOSFITAL O FUNDER IN NOTIFIE THE STORE WHOSTANT		22d. SICIANS AME TIME	ORPRINT)	wet		PHYSICIAN [220 ADDRESS CARPOLL	- Dimetron - Timble	Sari	s Ad.
BP		Burial REMOVA	236. DATE 11/28			emetery or crematory oat Methodist		ill, Mar	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERATORECTOR NOTHAN F. Denr	nis. Sn	OW Hill.	Marvl		C O 1 1006	256 REGISTRAR	

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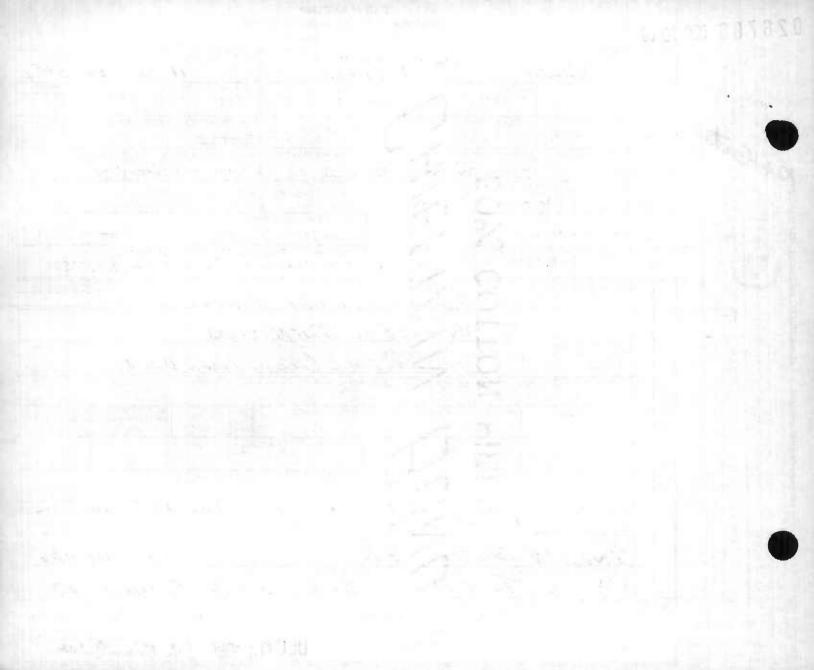
24137 NOV	8	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B D	3 3 0	3 8
y be		CEASED NAME FIRST	William	Price	20. DATE OF DEATH	D. MONTH DAY YEAR 12 1986	26 HOUR
age 4 mc	3. SE	Male	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1907	6 AGE IN YEARS LAST BIR	YRS.	IF UNDER 24 HRS HOURS MIN.
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within 24 I	1/	ATHER'S NAME FIRST	NOM NO SALIS	BURY YES NO 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS AME	JZIP CODE Blue Snill	P. 2/8
be executed		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SE 220-32	CURITY NO. 17 INFORMANT -9402 SACA G.	PRICE,	Same As	13e
equires that the death certificate in signed by the attending in. Then please remove carbonicity or to burial, cremation, ar remove injury, ar ather traumatic event.	NOI	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF		MINAL DISEASE OR CONI	DITION GIVEN IN PART 110	,
The law reicion. te has beer as the reicion stip permit. giene prior	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [IGS USED OF DEATH? NO []
PHYSICIAN; ending phys this certifica ne burial-tran and Mental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	211. LOCATION	RRED (ENTER NATURE OF INJUI		STATE
OR ATTEN be hospital DIRECTOR: ached for us Dept, of He		220 I certify that (I) (this hasp	oital) attended the deceosed from 19 at) view the body after death.	and that in (my) (aur) opinion DEGREE	death occurred on the do	ate and havr and from the c	
TO HOSPITAL retained by the TO FUNERAL should be detect with the State IMPORTANT: I	230.	BURIAL CREMATION, REMOVAL	R EZLISO	C. NAME OF CEMETERY OR CREMATORY	SA SA 23d. LOCATION PRIOWN	dis Bery Me	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	t	UNERAL DIRECTOR BOOK	inds Soli	Buy md. "NO	TE REC'D. BY PEGISTRAR	25b. REGISTRAR'S SIGNATU	JRE and as

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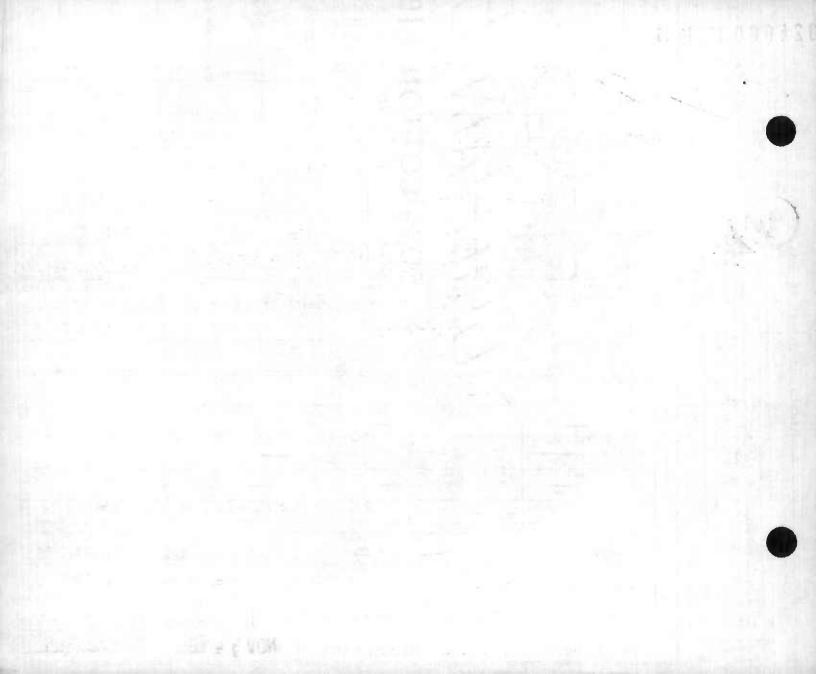
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35	130, S	Maryland	13b COUNT Wico	Y	13c. CITY OF Salis	TOWN	13d. INSID	E CITY LIMITS?		ADDRESS .	zip cobe	venue	21801
20/		THER'S NAME George Was	hingto		nell	51	Het		Jan	_		Murray	AST
nedico		VAS DECEASED EVER (ES, NO OR UNKNOWN) CS	(IF YES CIVE	VED FORCES?		05-3632		MANT Ge	eneva C en Avei). Půřn nue, Sc	ell (W llisbur	ife) y, Md.	21801
hin plase remove as to burdi, cremotian a nium, a other frouma	NO	Canditians, if any, gove rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN	nediate g the last.	(b) DUE TO, O	A THEK	CARD SEQUENCE C COSCE	ROTIC	CARDI CARDI TED TO THE TER	OVASCO	MAR.	DISEAS	EN IN PART 1	(a
plene prior	CERTIFICATION	196 DATE OF OPERAT		F		VHICH OPERA	TION WAS PER		YES [IN CERTI	S, WERE FIND FYING CAUSE ES	
d Mental Hy	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEAT (AL EXAMINER)	P 21e. PLACE			9 21f LOCA	TION	RRED (ENTER	NATURE OF INJU		PART I OR PART 2)	STATE
uth the 3date Dept. of Health and	W	WHITE NOT WHAT WORD 220 I certify that N Sow the decase above, (J) (wa) (c 22b. SIGNATURE	(this haspited alive an _lid) (did aa)	view the bady	ne deceased (framN	10, 28	ATTENDING PHYSICIAN	MEDICA DIRECTO	rred on the d	24_ ate and hou	19_86_ ur and from the	, that (1) Twellost e couses stated E SIGNED
with the 3st IMPORTAN		SURIAL, CREMATION, SPECIFY) Burio		23b. DATE	/1986	Parse	ons Cem	R CREMATORY	23d LO	CATION			Maryländ
- 16 60M 7/B4 RA 15, 4)		INERAL DIRECTOR Holloway Fu	neral	Home,	P.A.,^\$	älisbur	y, Mary	lan DEC	04 19			LEAR'S SIGNA	





y be death	1. DECEASED NAME			CERTIF	EALTH AND MENTAL HYC	REG. NO		
	(TYPE OR PRINT)	Louise	Adeline		nardson	November 5,	1986	26 HOUR 2322
Service p	Female	4 RACE White		5 DATE O	16 1918	6 AGE (IN YEARS LAST BIRTHDA	YRS DAY	
# \$35	Fruitland, M	aryland U.	S.A.	MARRIE		9 BALTIMORE CITY OR CO		M
10 100	SALISBUR	Y PENIN	ISULA GE	ENERA	L HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE		O OF BUSINESS OF
3 1 24	Maryland	13b COUNTY Wicomico	130 CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Edwards Ave	enue 2	1801
1221	Ernest	Raymond	Hitch		Maggie	MIDDLE	Smith	LAST
and the state of t	(YES NO OR UNKNOWN)	RIN U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES)	218-30		Route #6 Box	Rose Adkins (I k 172 Edwards	Daughter) Avenue,Sc	ılisbury,M
The law requires that the death plan is too been signed by the otherid open suppose by the other transfers of several they, or other transfers to be t	190 DATE OF OPERA	which medicte may the lost to	OR AS A CONSEQUENCE ON TRIBUTING TO	CVD	N WAS PERFORMED	YES NO	DN GIVEN IN PART D. IF YES, WERE FINI CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO [
G PHYSICIAN otherding physics et this certifical rise busing from and Memol Physical ked or hem 181	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH ICAL EXAMINER) RED 21e. PLACE (AT HOME S	OF INJURY A.M. MONTH C A.M.	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2	STATE
HOSPITAL OR ATTENDMENTED OF THE NO PROPERTY OF THE NO PRECTOR AND THE NO PROPERTY OF THE PROPE	saw the decease above, (1) (we) (22b. SIGNATURE	did) (did not) view the bod	y after death.		ATTENDING PHYSICIAN [medical Staff physician The Drive, Salisbu	22c. DA	TE SIGNED 10/1986
BP	230. BURIAL, CREMATION, (SPECIF Burial) 24 FUNERAL DIRECTOR	removal 236. Date 11/10	0/1986	Parso	emetery or crematory ons Cemetery	23d LOCATION CITY OR TOWN Salisbury, EREC D. BY REGISTRAR 75.6.	Wicomico REGISTRAR'S SIGN	, Marylan



of the control of the

4 3 NOV 19	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					3 3 3 1 3
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
oy be	(11)	JAME	DEELEV		NOVEMBE	R 6,1986 10 A
po bo	3. SE	X		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	
ge 4 ector rs of		Male		LO 12 YEAR 99	87	YRS DAYS HOURS MIN
neral dir n 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts		RIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
by the further of the		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General F		12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Inspector	
filled in bound be filled in bound be filled in bound be filled in bound be filled in bound by the filled in bound	13a.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, STATE NOTCESTER Berlin			13.STREET ADDRESS / ZI 504 Willia	IP CODE
a within	14. F.	ATHER'S NAME William	MIDDLE Seeley LAST	Phoebe	AME	Massey
l col	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO		ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depit car casts retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attention of printing and should be detached for use as the buriol-tronsit permit. Then please remove carbon-cash under the State Dept. of Health and Mental Hygiene prior to buriol, cremation, armitised lamportation of Health and Mental Hygiene prior to buriol, cremation, armitised lamportation in the median of them 21 is marked or Item 18 shows any injury, or other traumotic event, the median	1	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN] [IF YES, GIV	215-07-1915	Mrs. Viola	Seeley - Same	as #13
		PART I. DE ATH WAS CAUSE	TE CAUSE (O) CATALON SEQUENCE O	USCLERUTIC P	TBLE MYUCARDIA INFARCE INFARCE IEART DISEASE	11-
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH		20a AUTOPSY? 20	ON GIVEN IN PART TO ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF DE	ALID .	19		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE
		saw the deceased alive or	ital) attended the deceased from	DEGREE		and hour and from the couses stated 22c. DATE SIGNED
		1 a al	יין ויין		MEDICAL STAFF DIRECTOR PHYSICIAN	11/6/86
		22d PHYSICIAN'S NAME (TYPE OF	BRUNS, MO	22e ADDRESS RIVERSIDE	MEDICAL PARK	SALISBURY MD 21
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 23c NAME C	DF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
HMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatom	y Board ADDRESS Bal	to., Md. 250 DA	TE REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	I. DECEASED NAME FIRST	A	MIDDLE	6	AST DELL	20 DATE OF DEATH		DAY YEAR	2b HOUR
0	GEORG		RED	H	10 CKIEY	NOUEM	DER.	23,1986	1330M
	3. SEX MALE	4. RACE	(d =)	5. DATE C	DAY IVEAR	6. AGE (IN YEARS LAST BI		MONTHS DATE	HOURS MIN.
,	70. BIRTHPLACE ISTATE OR FOREIGN	IVE	WHAT COUNTRY?	10	25 1900	9. BALTIMORE CITY (YRS	OFDEATH	
7	MARYLAND	/b. CITIZEN OF	S.A.	MARRIEI	DINEVER MARRIED DINORCED DI	Wicomico	<u>JK</u> COUNTY	OFBEATH	MD
1	0. CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
-	Salisbury	Peninsu	la Gener	al Ho	spital	ratived ab	Over:	INDUSTRY,	er mil
		OTHER INSTITUTION. NTY	13 CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 🗭	RT. # ADDRESS	ZIP CODE	18/218	50
7	GEORGE	MIDDLE S	HOCKLEY		15. MOTHER'S MAIDEN NAMESTER	MIDDLE		LAS	ī
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR			
	NO		212-16-	1844	EthEL DIXON	V	SAM	DE AS F	
ľ	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		lung for (a), (b), one	le)				BETWEEN C	MATE INTERVAL ONSET AND DEATH
V	IMMEDIA1								
þ		DUETO, O	R AS ACCONSECUE	NCE per					
	Conditions, if ony, which	(b)	Denn	ine	6.				
	couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF	3			1705	
	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	NITRIBUTING TO F	FATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF CON	IDITION CA	(ENLINI DADY 1:	
			JIVINIBOTII VO TO E	DOT	NOT KEERIED TO THE TERM	IN AL DISEASE OR COI	DITION GIV	EIN IIN PART TIC	
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED
	RITE					YES NO	YE	S 🗌	NO 🗌
	OR CONTRIBUTION CAUSE OF DE	1 HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	PART I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER) P.,		19	NI LOCATION				
			EET, FACTORY, OFFICE, FA		211 LOCATION	CITYOTTO	NWC	COUNTY	STATE
	AT WORK AT WORK		11	4	11/201.86	111	23	10 86	
	220. I certify that (I) (this haspi sow the deceased alive all above, (I) (ve) (did) (d	tal) attended th	deceased rom 9	(o , or	nd that in (my) (par) apinion a	, todeath accurred on the a			that (I) (we) lost couses stated
	22b. SIGNATURE	Ave	7		DEGREE	1		22c. DATE	SIGNED
	-11	1			ATTENDING PHYSICIAN	DIRECTOR PHYSI		11/2	3/86
	226 PHYSICIAN'S NAME ITHE	dress:			22e. ADDRESS				1
	230. BURIAL CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	ASTATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

Rte.2. Salis. Md.

ST. JAMES A.M.E. Cam. Snow Hill Workster Mo 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 0 1 1986 Julia Dender Landary

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Ingt in June 1 to Carter, , allers, 1007 Land of the control of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DE CEASED NAME KNOWN X Richard Simms DEATH MATED 1986 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR IF UNDER 24 HRS 2c, DATE PRONOUNCED Male White 1086 19 1947 39 06 DEAD L CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Salisbury, Maryland Wicomico County, DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Disabled 's mile east of Hobbs Road Salisbury 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS POOD Wicomico Parsonsburg 21849 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Simms Doris Charles Oliver Tyre Jones-Hastings Rd., Parsonsburg,Md. 21849 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shotqun Wound of Chest & Abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XM. MONTH DAY YEAR UNDERLYING XXOR subject was shot CONTRIBUTING CAUSE OF DEATH 10:30RM 11-4 1986 21e PLACE OF INJURY (AT HOME 21f. LOCATION WHILE AT WORK AT WORK outside trailer mile east of Hobbs Rd., Salisbury, Wicomico TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. THE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STERITMORE, MARYLAND, 2 Co., Ma. Autapsy XX 22a I certify that I taak charge of the remains described above, held on Inspection and in my apinian Hamicide XX death resulted fram; Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Deputy ChiefeDICAL EXAMINER 11-5-86 SIGNATURE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Ann M. Dixon, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 11/7/1986 Salisbury Crematory Salisbury, Wicomico, Maryland Cremation 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 NOV 1 4 1986 Holloway Funeral Home, P.A., Salisbury, Maryland -ma disorder Randale (VR A15 ME (5))



26080 DE	1	FOR SMATE REDISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	
	1. DE	CEASED NAME FIRST	MIDDLE	LAST LAST	REG. NO.	Y YEAR 26 HOUR
may be poge 3	3. SE	× Sere	LOUGIAS.	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER TYEAR IF UNDER 24 HRS
recto	1	Male	White	May 7, 1908	78 yrs.	
death. P	Ma	aryland	76 CITIZEN OF WHAT COUNTR U • S •	MARRIED ☐ NEVER MARRIED ☐ WIDOWED █ DIVORCED ☐	BALTIMORE CITY OR COUNTY C Wicomico	DE DEATH MD.
s after o		ITY OR TOWN OF DEATH Lisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STR PENINSULA GENE	SING HOME OR OTHER INSTITUTION TET ADDRESS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Service Static	126 KIND OF BUSINESS OR INDUSTRY
filled in by	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN Some	TY 13c CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE N • Somerse	4/853
completely	14. F.	ATHER'S NAME	Simpkins	15 MOTHER'S MAIDEN NA FIRST Estelle	AME MIDDLE	ne bus
ecuth Po n		WAS DECEASED EVER IN U.S. ARA		CURITY NO. 17 INFORMANT	ADDRESS	ncess Anne
physicion n popers. movol.		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y ane cause per line far (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the ottending sse remove carbo , cremotion, ar re		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OR AS A CONSECUTION OF AS A CONSECUTIO	STATIC CARCI	NomA	
quires the signed then plece to buriol njury, or	NO.	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVEN	N IN PART 110
on. hos bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
phys Prifico I-fro ol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	in .	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM TB PAR	T I OR PART 2)
this he bund md M	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E. FARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDING PHYSICIAN. The low requir hospital or attending physicion. RECTOR, After this certificate hos been sign red for use as the burial-transit permit. Then ipt, of Health and Mental Hygiene prior to be em 21 is marked or Item 18 shows any injury		220.1 certify that (% (this haspit sow the deceased alive on above, (1) (w) (did) (and not	NOU. 28 19	(3)	death accurred an the date and hour of	that N (we) lost and from the causes stated
OR DIRE		226 SIGNATURE	Justin,	M. DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/28/86
TO HOSPITAL retained by the TO FUNERAL should be detined with the Stote IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR HILLER W.	TUSTIN	32 WESCE	y DR. , SALIS	BURY, MD
BP	23a	Burial CREMATION, REMOVAL	12/1/86 1	NAME OF CEMETERY OF CREMATORY	23d OCATION CITY OR TOWN Mucles Home	COUNTY & DISTATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Z	eneral Director Vinne	W Princes	House Med. 250. DA	TE REC'D. BY REGISTRAR 256. REGISTRA C-2 21986	ar's SIGNATURE

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B. 18.	FOR STATE PEGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HY		ن	3 0	
1 DF		FIRST		MIDDLE		AST			DAY YEAR	7h HOUR
	OR PRINTS				ILBOUI	RNE SMITH				9:00 PM
3. SE	х	4.	RACE				6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White	9	10.	-01-13	73	YRS		MIN.
	COUNTRY)				MARRIE	D NEVER MARRIED	-	R COUNTY	OF DEATH	
								1011	Tini white	MD.
Sal	lisbury	I	eer's	Head Cen	ter	DR OTHER INSTITUTION	(Type of work for most of Bartender	OF WORKING LIF	industry Serv	vice
130	STATE	13b. COUNT	Υ	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 628 Hill	Stree	+2	1801
14. F/	ATHER'S NAME (Unk)	MI	DDLE	LAST		15. MOTHER'S MAIDEN N. Bertha	AME		Milbouri	ne
16a V	VAS DECEASED EVER II YES NO OR UNKNOWN) Unk					Mr.Saul Pai	ul Smith(Hush		ame as	#13)
NOI	gove rise to imm couse (a), stating underlying couse	ediate g the lost.	DUE TO, C			NOT RELATED TO THE TER	winal disease or con	DITIONGIV	EN IN PART I	a_
TIFICAT	19a. DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 1	IN CERTIF	YING CAUSES	
	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A	.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART (OR PART 2)	
MEDI	WHILE NOT WHI	LE 🗍			FARM, ETC]	216 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	sow the deceased above, (1) (we) (di	d alive on_	11-1	19	-		death occurred on the d	ote and hou		
		51		4-41×	2	ATTENDING PHYSICIAN			111	8-88
	K. Yoon,	M.D.				Deer's Head		isbur	y, Md.	21801
	(SPECIFY) Cremo					ry Crematory	Snow Hil			
	NAME			ADDRESS		6101		25b. REGIST	RAR'S SIGNA	TURE
	3. SE 76. B1 10. C Sal 14 F/ 16. V (1. C Sal	Female To. BIRTHPLACE (STATE OR PECCOUNTRY) Harford Co.N 10. CITY OR TOWN OF DEA Salisbury LIDUAL RESIDENCE (IF NURSI) 130. STATE Maryland 14 FATHER'S NAME (Unk) 18 CAUSE OF DEATH PART 1. DEATH W. Conditions, if ony, gove rise to imm couse 101, stating underlying couse PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CUSE CIFETIHER NOTHY MEDIC 21d. INJURY OCCURR WHILE NOTHY MEDIC 21d. INJURY OCCURR WHILE NOTHY MEDIC 21d. INJURY OCCURR 220. Lectrify that (I) Sow the decease obove, (I) (we) Id 22b. SIGNATURE 22d. PHYSICIAN'S NA K. YOON 230. BURIAL, CREMATION, I (SPECIFY) Crema 24 FUNERAL, CREMATION, I (SPECIFY) Crema 24 FUNERAL CREMATION, I CREMATER COMMANDE	REGISTRAR 1. DECEASED NAME FIRST Sonia 3. SEX Female 76. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) Harford Co.Md, 10. CITY OR TOWN OF DEATH Salisbury LIBUAL RESIDENCE (IF NURSING HOME ORD) 136. STATE (Unk) 14. FATHER'S NAME FIRST (Unk) 18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse 10.1, stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CO 196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF OPERATION 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (1) (this hospito sow the deceased dive on obove, (1) (we) (did) (did not). 226. SIGNATURE 226. PHYSICIAN'S NAME (SPECIFY) Cremation 24. FUNERAL DIRECTOR NAME COUNTRY COUNTRY AT WORK COUNTRY AT WORK AT WORK 226. I certify that (1) (this hospito sow the deceased dive on obove, (1) (we) (did) (did not). 227. SIGNATURE	REGISTRAR 1. DECEASED NAME FIRST Sonia 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTY) Harford Co.Md, 10. CITY OR TOWN OF DEATH Salisbury LIDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 130 STATE 130 COUNTY Maryland W comico 14 FATHER'S NAME FIRST (Unk) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) 17 FATHER SIGNIFICANT CONDITIONS COUSE PER PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, CO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS COR CONTRIBUTING CAUSE OP DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING HOURS. SOW the deceased of live on obove, (1) (we) (did (did not) view the bodicate of the deceased	REGISTRAR 1. DECEASED NAME FIRST MIDDLE Sonia 3. SEX Female White 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Harford Co.Md, 10. CITY OR TOWN OF DEATH Salisbury LIBRAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE REFORM 138 STATE What Part I State (Unk) 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR NINKNOWN) 176. CITY OR TOWN OF DEATH 177. MARY I DEATH WAS CAUSED BY: (YES, NO OR NINKNOWN) 178. CAUSE OF DEATH (Enter only one couse per line for 101, (b), on PART 1. DEATH WAS CAUSED BY: (YES, NO OR NINKNOWN) 178. CAUSE OF DEATH (Enter only one couse per line for 101, (b), on PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Conditions, if only, which gove rise to immediate cause (o). Conditions, if only, which gove rise to immediate cause (o). Conditions, if only, which gove rise to immediate cause (o). Conditions, if only, which gove rise to immediate cause (o). Conditions, if only, which gove rise to immediate cause (o). CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 191. CONDITION FOR WHICH (c) AIN WORK 210. TIME OF INJURY HOUR A.M. MONTH D P.M. 210. TIME OF INJURY HOUR A.M. MONTH D P.M. 210. LIVE OF OPERATION 210. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE IN AND ONLY (IN) (IN) (IN) (IN) (IN) (IN) (IN) (IN)	DEPARTMENT OF REGISTRAR 1. DECEASED NAME (TYPE ON PRINT) Sonia 3. SEX Female 7. BIRTHPLACE (STATE OR POREIGN COUNTRY) Harford Co.Md, 10. CITY ORTOWN OF DEATH STATE MIDDLE 11. NAME OF HOSPITAL, NURSING HOME OR CITE BIRSTITULION, GWE RESISTED EARDERS (PENDIN SUCCESSION) 13. STATE 13. STATE 13. COUNTY Maryland W comico 14. FATHER'S NAME (FIRST) (Unk) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IVEN NO OR UNKNOWN) (IF YES, GME WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c) part 11, and 11	REGISTRAR IDECEASED NAME (TYPE OR PRINT) Sonia MILBOURNE MITH 3. SEX 4. RACE White 76. BIRTHPLACE (STATE OR FOREON) COUNTRY Harford Co.Md, 10. CITY OR TOWN OF DEATH IDECEASED EVER IN US. ARMED FORCES? IDECEASED EVER IN US. ARMED FORCES? ITS NO GUNKNOWN) UNA 118. CAUSE OF DEATH Enter only one couse per line for 101, ib). and course in first immediate couse in 101, inting the underlying course in 101, inting the underlying course in 101, inting the underlying course in 101, accounted in 101, incling the underlying course in 101, accounted in 101, account	DECASE RECISIRAR BECISIRAR DECASED NAME ITHE OR PRINT! Sonia MILBOURNE SMITH NOV. 18, 1. SEX 4. RACE 5. DATE OF BRITH TOO—01—13 TEAR TOO—01—13 TE	DEPARTMENT OF HALLTH AND MENTAL HYGIENE RECUSTRAR IDECEASED NAME ITTEL OR PRINT Sonia MILBOURNE SMITH Nov. 18, 1986 J. SEX Female ARCE S. DATE OF BRITH Nov. 18, 1986 J. SEX Female White TO O1 - 13 WILBOURNE SMITH Nov. 18, 1986 J. SEX Female White TO O1 - 13 WILBOURNE SMITH Nov. 18, 1986 J. SEX Female White TO O1 - 13 WILBOURNE SMITH Nov. 18, 1986 J. SEX Female White TO O1 - 13 WILBOURNE SMITH Nov. 18, 1986 J. SEX Female White TO O1 - 13 WILBOURNE SMITH Nov. 18, 1986 J. SEX ARCE S. DATE OF BRITH Nov. 18, 1986	DECRASED NAME (1975) DECRASED NAME (1975) MILBOURNE SMITH (1974) Sonia MILBOURNE SMITH (1974)

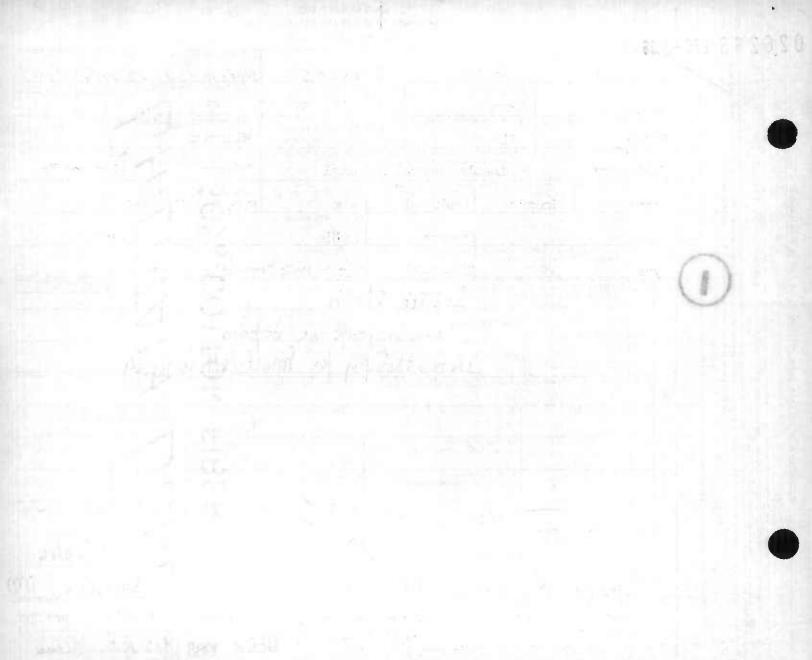
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Local Carlo and Indiana, and Indiana

2 C C DEC	1 -	FOR STATE REGISTRAR		DEPA	ARTMENT CF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGIENE	REG. NO.	5 5	J Lo U
1 7 0 0 DEC		PASED NAME FIRST		MIDDLE	ı	AST	2a DA	TE OF DEATH MO	NTH DAY YE	AR 26 HOUR
a Ct	TYPE	Robert	McC	Gi 11	5	TEVENS	NO	VEMBER	26 19	8/ 1140
No.	1 SE		4 RACE		S. DATE C	1 000111		(IN YEARS LAST BIRTHDA		
crois of	/	nait	Negro)	MONTH 9	18 23 YEAR		63	YRS MONTHS D	DAYS HOURS MIN.
Pog Pog		RTHPLACE (STATE OF FOREIGN		OF WHAT COUNT	TRY? 8		9 BAL	TIMORE CITY OR C		н
722 720th.		RGINIA	U.S.	.A	WIDOWE	DIX NEVER MARRIED		.comico		M
by the funeral filled within 72 riotted or or	10. CI	TY OR TOWN OF DEATH	11. NAME (IRSING HOME C	R OTHER INSTITUTION	12a US	SUAL OCCUPATION OF WORK FOR MOST OF WO		nd of BUSINESS OF TRY Ther Co.
hours d in by be file		AL RESIDENCE (IF NURSING HO				spicar	Tax	Jorei	. Lui	noer co.
filled in pull be and be	13a. S	TATE 13b. C	OUNTY	13c. CITY OR 1	TOWN	134 INSIDE CITY LIMIT		REET ADDRESS / ZI		
show as		aryland WI	comico	Fruitla	and	YES NO). Box 61/2	21826	
within within days sho		FIRST	MIDDLE	LAST		FIRST	11177712	WIDDLE	0 .1	LAST
ored ored		vas deceased ever in u.s	ADMED EODCE	Stevens	SECURITY NO.	Hallie		ADDRESS	Outl	law
executed control of the control of t		(IF YES, NO OR UNKNOWN)	S, GIVE WAR OR DATES	5)						
a th		es W	WII	225-18-	-3617	Pecola Polk	< Steve	ns/ same a	as above	
ng physic ban per r r soval		18 CAUSE OF DEATH (Ent.	er anly ane couse	per line to rol, th	and rest				BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
th certifi nding ph carban , ar rent			DIATE CAUSE (a)	760	vec Y	wen			100	
uires that the death ce signed by the attendina ien please remove carb a burial, cremotion, ar i lury, ar ather traumatic		cause (a), stoting the underlying couse loss PART 2 OTHER SIGNIFICA	(c)	O, OR AS A CONSE	o Thra	NOT RELATED TO THE	MOLL TERMINAL DI	LUL LUM ISEASE OR CONDIT	IQ GIVEN IN PAI	RT 1(o
2	ON							4		
he law re ian. has been it permit. I	CERTIFICATION	19a, DATE OF OPERATION	19b CO	NDITION FOR WH	HICH OPERATIO	N WAS PERFORMED		AUTOPSY? 20	Ob. IF YES, WERE FI N CERTIFYING CAI YES []	NDINGS USED USES OF DEATH? NO []
3 PHYSICIAN: The Internding physician. or this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or mental programs.		210. ACCIDENT WAS UNDERLYIN	110110	E OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY OF	CURRED (EN	HER NATURE OF INJURY IN	TEM IS PART LOR PAR	17 2)
JCIAN: g physi ertifico iol-trar intol Hy	MEDICAL	OR CONTRIBUTING CAUSE O	DEATH	P.M.	19	100				
PHYS!	ED	21d INJURY OCCURRED		CE OF INJURY	FICE FARM \$3C 1	211 LOCATION		CITY OR TOWN	COUNT	Y STATE
NDING Par offer the use as the Tealth and is marked	Σ	AT WORK NOT WHILE) (AT NOME	, SIREET, PACTORY, OFF	FICE, FARM, ETC	31766				
ol or ol		220.1 certify that (1) (this	ospital) ottended	the deceased fro	am	1/25 19	Kb ta	11/26	19.86	, that (I) (via) las
spital CTOR Ifor us of He		sow the deceased aliv	e an1//	26	CA	nd that in (my) (************************************	inian death o	ccurred an the date	and hour and from	the causes stated
OR AT DIREC Siched f Dept. f Hem		obove, (I) (we (did) (di	View the bo	ody offer deoffi.		DE/OREE			22¢. E	DATE SIGNED
		Me	1 Nins	2	Û	ATTENDIT	NG MED	CTOR PHYSICIAN	11	1/26/86
O HOSPITAL TO FUNERAL Should be deta with the State		22d. PHYSICIAN'S NAME	TYPE OF PRINTI			22e ADDRESS	AIN LOUDINE	TOKE PHISICIAL		/ /
retained In FUNE should be with the S		Joseph	A (R	1 022A	m	145 E.	(em	W/1 J+	SAUS	RIAR O
Sho Sho	23n F			4400		EMETERY OR CREMATE	ORY 1234	LOCATION	-14 0 (0	1000
BP	1	Burial	12/6	/86	Veteran	's Cemetery	, 1	Beulah	Caroline	Marylan
	24. FI	JNERAL DIRECTOR	/0	,	D+ 42	Tonaci Dal 25	DATE REC'D	BY REGISTRARI 25h	REGISTRAR'S SIG	NATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	J	uneral director olley Memorial	Chapel	Salisbury	v. Md.	Jersey Kal	DEC	1986 4	ulia Devider	n. Pandres
(VICE 13, 4)		,		Janioral	77 17140 4	1001		. 1000		-



02	545	3 DEC		FOR C	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE	3 3 4 1
0 2	0 7 3	JUEG	-	CEASED NAME FIRST	WIDDLE	CERTIFICATE UF DEATH	REG. NO.	DAY YEAR 2b. HOUR
	be be	2		E OR PRINT)	- HENTY		20 Nov. 23, 1986	14
	you	7	3. SE	× 14 Charl	RACE DILLO	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Poge 4	rs ofte		Male	BIK.	March 1, 1917	69 YRS	MONTHS DAYS HOURS MIN.
	Ho A	2017	V	RTHPLACE (STATE OR FOREIGN 76	L. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH
•	/	107		Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION LIVE OF WARK FOR A OST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
M a	3 5 1	1/	10		Deer,s Head Co		som Carons Be	11060
ND	24.10	evid fe	130	AL RESIDENCE (IF NURSING HOME OR OT STATE 13 COUNTY SOME	Y 13c CITY OR TOW	1 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COD	e-Grosiela
AARYLA	d within	191) F	ATHER'S NAME	DDLE Taylor	15. MOTHER'S MAIDEN N	NAME	Merrill
AORE, A	execute	oper /			MED FORCES? 166 SOCIAL SECU		ylor 2015 mers	0 20 1141
ALTIA	e pe	1.8	-	In CAUSE OF DEATH S		Pacific la	10. 201001110100	APPROXIMAL SHALL
	ficot	000		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	Carried a Done	Learnmen a	BETWEEN ON AND DATE
N ST	cert	4		IMMEDIATE		D lime	utailatia	1 moure
PRESTO	eoth	F)		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE ENF		
Ø.	P. O	1		gove rise to immediate couse (a), stating the	DUE TO OR AS A COMPETON OF	wes os		
3	p bet	t, cr		underlying couse lost.	DUE TO, OR AS A CONSEQUE	INCE OF		
20	es de	Ty.		PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART TIO
RDS	in be	The Spirit	ON N					
1 RECORDS	e low	ws of me	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
VITA	Z Sicies	Hygier 18 sho	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
O.	KIAI 9 ph	Mental Annual or Hem 1	1 A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR		
DIVISION OF	G PHYSK	and of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
ō	N o	Heolth o		220.1 certify that (I) (this hospital	i) attended the deceased from_	11-20 198	6 10 11-23	, 19_86, that (I) (we) lost
	TTEN	of He 21 is		sow the deceased alive on above, (1) (we) (did) (did not)	- 11-23-8619	, and that in (my) (aur) apinio	on death accurred on the date and ha	
	R A Hospi	hed ept.		22b. SIGNATURE	view the body offer death.	DEGREE		22¢ DATE SIGNED
	AL O	te D		Elsa U	· Co	MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
_	- × 0	7007		0.000			- June on - Interest	
	SPI SPI	A	1	22d. PHYSICIAN'S NAME (TYPE OR P	PRINT)	22e ADDRESS		
	HOSPI oined b	ould be th the St PORTAN		22d. PHYSICIAN'S NAME (TYPE OR F	~ ~ ·		ead Center, Salis	bury,Md.21801
	TO HOSPI	should be deta with the State [IMPORTANT: If	23a. I	ELSA BURIAL, EXEMPTION, REMOVAL	M- GOR		ead Center, Salis	bury, Md. 21801
	TO HOSPII	should be with the St	23a. I	EKSA	M- GOR	IS- De He		bury, Md. 21801

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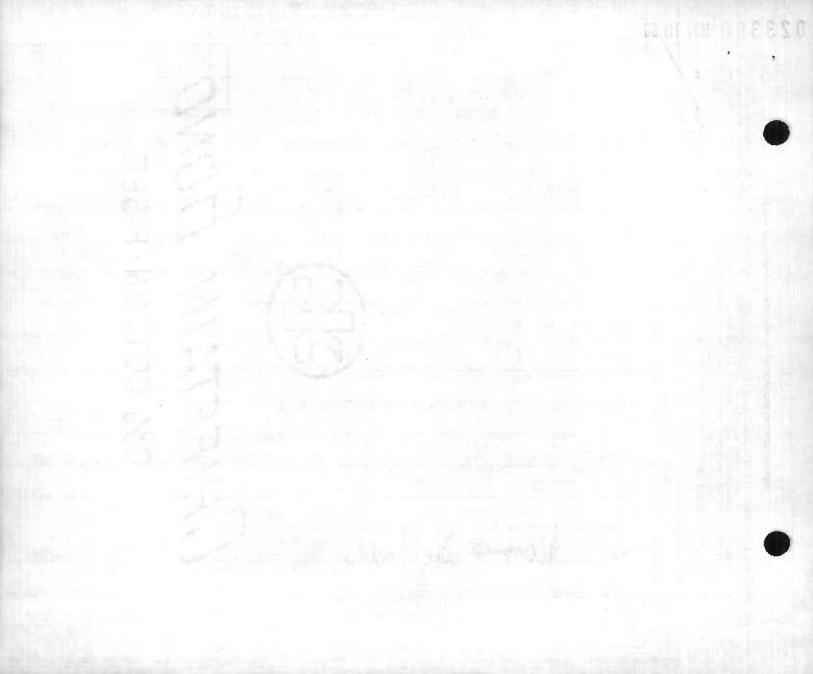
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		86598	H	I. SEX		1 RACE	5 DATE OF BIRTH	Drai	14 AGE (IN YEA		Paylor	UNDER 24			HINOM	DAY	19 86 YEAR	1640 24 HOUR
		E SE E	7	3.1			MONTH DAY	YEAR	LAST BIRTHDA			OURS A	AIN PRONOL	INCED				
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		PAGE PAGE FILED	30		or town of alisbu		Peninsu	THITY GIVES	TREET ADDRESS)				USUAL OCC FOR MOST OF WO	DRKING LIFE)	PE OF WORK	12b KIN	ND OF BUI	SINESS Y
	2 201	TE ANY DELAY IS NECE 2, AND 3 TO THE FUNE 3. RETAIN PAGE 5 15YOULD BE FILED MIT AL RECORDS-204	35	13a S		113b. COUN	OR OTHER INSTITUTION, GIV	13c CITY					Rt. 9 B	RESS OX 156	Nutt	27	Cros	Rds.
	9.	12 S. S. J.	1	-	THER'S NAME						15. MOTHER'S	MAIDEN	NAME					
1		E-305	1/		Marvin	Carr		Tay			Debor		Anit		Lai	ne	LAST	
	ALTIMO	SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEA ORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES CHIEF MEDICAL EXAMINER ALONG WITH FORMY BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN TICH HEAITH AND MENTAL HYGIENE, DIVISION ON	1		VAS DECEASED ES, NO. OR UNKNOV NO	PEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	Y NO.	Same	Marvi as #	in C. Ta ‡13e	ylor (F	ather)		
	100	HOURS NG WIT RMIT. P.			18 CAUSE OF	DEATH (Enter on	ly one cause per line	for (a), (b), ond (c).)							AP	PPROXIMATE VEEN ONSET	INTERVAL AND DEATH
	S	PART I DE ATH WAS CAUSED BY: Cranio-cerebral Trauma																
	10	45 A B B B B B B B B B B B B B B B B B B	8	7	0/1-	36		AS A CON	SEQUENCE (OF		7 -						
	- W	ENSINE THE	SEA.	19		s, if any, which	4.											
	× .	PENC PENC AMIN T-TRA	OR	14		e to immediate stating the <u>under</u> - se last.	DUE TO, OR	AS A CON	SEQUENCE C	OF.				0				
	. 201	S X X Y	O		7.0		(c)											
	RECORDS.	DING DICAL TH AN	EMAT	Z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	DUT NOT RELA	ITEO TO THE TERM	INAL DISEASE	OR CONDITION GIV	EN IN PART 1	1 (0)					
	REC	SHOULD BE EVORD WORD WENDING CHIEF MEDICAL BE USED AS A VILOF HEALTH	ğ _	CERTIFICATION	19a. DATE OF	OPERATION	Tigh CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED	D?	-			20 4	UTOPSY?	
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	ON	CERTIFICATE SHO TING THE WORD SED TO THE CHII 3 SHOULD BE US DEPARTMENT OF	22		LINIDERIVING	XI OR		. MONTH	7 19 8				der st					
	DIVISION	SHOP	8	MEDICAL	21d. INJURY O		21e. PLACE C	F INJURY	I AT HOME,		CATION	0 1.1	acr bo	Luch	Dy a	u oo		
	DIV	R: THIS CERTIFICATE SHA TE, WRITING THE WORN SWARDED TO THE CH R: PAGE 3 SHOULD BE USED STATE DEPARTMENT.C	1201	¥	WHILE AT WORK	NOT WHILE	street, fact	eet	TC)	Rt.	13 by	pass	, Sali	s b ury		COM	ico,	Md.
		NER: 1 CATE. FORW TOR: P.	3		22a. I certif	y that I took charg	je of the remains des	cribed ob	ove, held on	Autop	sy 🔲, In:	spection [X Inquir	y X . o	nd in my op	pinion		
		MINI PER PER PER PER PER PER PER PER PER PER	24		death resulte	d from: Notu	rol couses .	Accident	X Sui	icide	, Homicide	,	Undetermined r	nonner .				
П		A AV - Miles	3 ×			~ `	-	7			TITLE (SPEC							
		4A6AE	ω) —		SIGNATURE_	Joh	ms C	2	note	med	De pu	uty	_MEDICAL EXA	MINER	DATE	ED1	1-7-	-86
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		TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIT AFFER DEATH			EXAMINER'S IN	IT) JO	nn T. Bu	lkel	ev. M	.D.	ADDRESS	Sali	sbury.	Mary	land			
		DXXVA	& T	23a. B		ION, REMOVAL Z	36 DATE				R CREMATORY	I	23d LOCATION		COL	MTV		TE
	07/84	BP		13	Bu	rial	11/11/19	86	Parson:	s Cen	netery		Salisbu	ry, W	icomi	co,	Mary	land
	25M	DHMH - 17	7		JNERAL DIREC							DATE REC	C'D. BY REGISTR					
		(VR A15 ME			lolloway	Funeral	Home, P.A	., Sa	lisbury,	Mar	yland	NOV	1 4 198	6	a Disn	deen	Randa	u.

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		1	FOR			DEPART	STA'		AARYLAN		CIBIE O	3	3	, la	J)
023	398 NOV	10	DIGITE MASISTRAII		ME		EXAMIN				DEATH	REG. NO			
			CEASED NAME	FIRST		WIDDLE			LAST		20. DAT	KNOWN X		AY YEAR	26 HOUR
	2×25.	1	SAME PROPERTY.	Stephe	en i	Jeffer	У	Th	omas		OF DEAT	H MATED	11./4	/ 19 86	M
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	N SEE SEE	FO	MEIGH COUNTRY!		76. CITIZEN OF W		ITRY?			VER MARRIEI	D 📋	MORE CITY O	_		
	925 S	13.CI	alisbury, N	Naryland EATH	U.S.		RSING HOME	. OR OTH		DIVORCE	12a. USUAL OCC	ICOMICO	Count	KIND OF BUS	INESS
	PAG HA	1	Salisb		Rockawa]	ACILITY, GIVE S	TREET ADDRESS)			1	FOR MOST OF W	ORKING LIFE)		OR INDUSTRY	1
	SEE SEE	USUA Illa S	L RESIDENCE (IF IN	NURSING HOME OR	OTHER INSTITUTION G	IVE RESIDENCE	BEFORE ADMISSIO		hat were e					1180	7
	A SEPTION		aryland	Wicon		Sali	Sbury		13d. INSIDE CI YES		Star Ro		Westsi	de Mob	ile Pk
1	AUSTON B	14 10	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN		MIDDLE		LAST	
	AND SERVICE		Haywood	(NI	/		as, Sr.		Alm	na	1	Мае		Allen	
	N Charles	The V	VAS DECEASED EV ES, NO, OR UNKNOWN)	ER IN U.S. ARMI	ED FORCES? AR OR DATES)		IAL SECURITY		17 INFORM	AANT Ho	iywood 7 3e	homas,	Jr. (Fo	ther)	
	A SO HE SO A S	\vdash	Yes				5-72-38	37	Same	as # I	3e			APPROXIMATE I	ALTED VAL
	MATERIAL SECTION OF THE SECTION OF T	_	8. CAUSE OF DE PART I DEATH	WAS CAUSED	BY:	e far (o), (b)		6.743	-1- Tu				-	BETWEEN ONSET	AND DEATH
	N 24 + N	1	8150	IMMEDIATE		R AS A CON	SEOUENCE (bie II	njurie	5				
	ANSI REW			ony, which	(b)										
1	SEN W		couse (o) stot	ing the under-	DUE TO, OF	AS A CON	SEQUENCE (OF .	5	1/ 7/ 1	100				91.3
	NO N				(c)										
1	MEDICAL MEDICA	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	INTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEAS	E OB CONDITION	N GIVEN IN PART	1 (0				
	T GEAS WELD TO	CERTIFICATION	19a, DATE OF OPE	RATION	TI96 COND	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			12	0. AUTOPSY?	
	F SERVE	FEC	200										SF 1	41	NO 🗆
	NES HES	8	210 EXTERNAL CA		216. TIME O		DAY YEAR	21c. H	OW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 F	'ART 1 OR PART 2)		
	ON DETECTION OF	3	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH 11:20	PM 11/	13/ 1986	sub	ject o	driver	of aut	o/fixed	objec	t impac	ct
	CERTIFICATE RITING THE WRITED TO THE REST SHOULD REST SHOULD REDEPARTMENT OF PRICE TO	- A	214 INJURY OCCI		21e PLACE STREET, FAC	OF INJURY			CATION		CITY OR	TOWN	COUNTY		STATE
	WARRANA Z	1		WORK X	roa	adway				kin Ri	dge Rd.	, Salis	bury,	Wic. Co	., Md.
	SATES SATES	1	22a. I certify the	ot I toak charge	of the remains de		-	Autop	sy X	Inspection	, Inqui	ry . an	d in my opinio	n	
	MAN MAN MAN	1	death resulted fr	om: Naturo	I causes,	Accident	Sui	cide	, Hamic		Undetermined	manner,			
	A PERSONAL PROPERTY AND A PERS		ACTUAL SIGNATURE	W	Where	Mo	Mas	11	TITLE (SI	PECIFY) istant	MEDICAL EX		DATE	11/4/8	36
	MEDICAL CUTE THE 3E 4 SHO FUNERAL LIMORE, 1	2	- owner-const			And	3 1 1		.u. <u>.233.</u>	LOCUITO	MEDICAL EX	AMINER	SIGNED_	11/-1/	-
	W S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT)	Marc	garita A	. Kore	211, M.	D.	ADDRESS_	111	Penn S	t.			
	524 544 _	23a.B	JRIAL, CREMATION	REMOVAL 231			NAME OF CEA				23d LOCATION	1	COUNTY	STA	IE .
07/ 25A			Burial JNERAL DIRECTOR		11/6/198	6 W	icomic	o Me			Salisbu	ry, Wic			nd
	DHMH - 17 (VR A15 ME (5))		olloway F		ome P A	Sal	ishury	Mars		MOV A	1986	KAK 130. KEGI	and the same of	Rendallo	
	(AK WID ME (D))		21.01147	onerui II	orrie, i ./	1., 501.	rangry,	MIGIT)	Turiu	MUY V	, ,,,,,,		A 24 V.	Same.	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25 REDSTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEASED NAME FIRST		MIDDLE	t	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Gladys T	hornton					11-2	u-86	6:45A M
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	
Female	Wh	ite	May	2. 1902	84	YRS	MONTHS	AODIS MIN.
e. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	CITIZEN OF US	what country? A	8	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY WICOMICO	OR COUNTY	OFDEATH	MD
	(IF NOT IN SUC ALISBUR	H FACILITY, GIVE STREET. Y NURSING	HOME	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' (R) Secre	TION OF WORKING LIF	EI INDUSTRY	Service
	OTHER INSTITUTION TY USSEX	13c CITY OR TOW Frankfo	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS Cuelen Ac	zip code res	99	1999
FATHER'S NAME George Emory	Hudson	LAST		Eva Thomas		on	LA	AST
(YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 169-20-0		Thomas Thor	RESS			
Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying cause lost	(b)_	r as a conseque		,	34			
PART 2 OTHER SIGNIFICANT (90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CO			NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	VEN IN PART I	INGS USED
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	JURY IN ITEM 18 F	PART OR PART 2)						
WHILE NOT WHILE AT WORK	COUNTY	STATE						
220.1 certify that (1) (this hospi sow the deceased alive on above, 127, 47 (and) and ac 221. SIGN 2119	ti sign the body	198			deoth occurred on the		r and from the	that (I) (we) lost e couses stated E SIGNED
EART, M BEARDS)		27e ADDRESS	VIC AVE S	AT TODIT	DV MD	21901

(VRA 15, 4)

Buria1 Nov.22,1986

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Parksley Cemetery

Parksley,

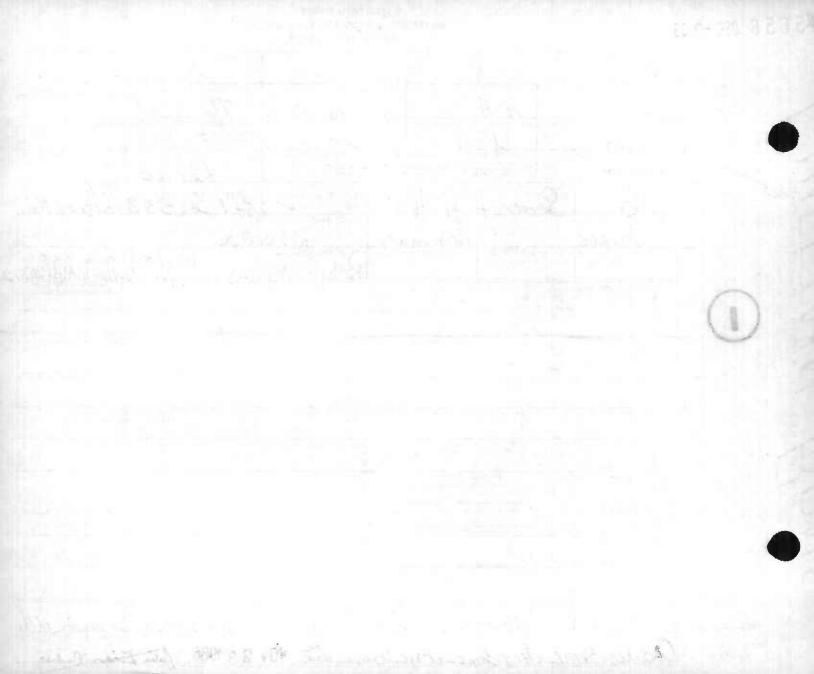
ksley, Virginia

REGISTRAR 256. REGISTRAR'S SIGNATURE

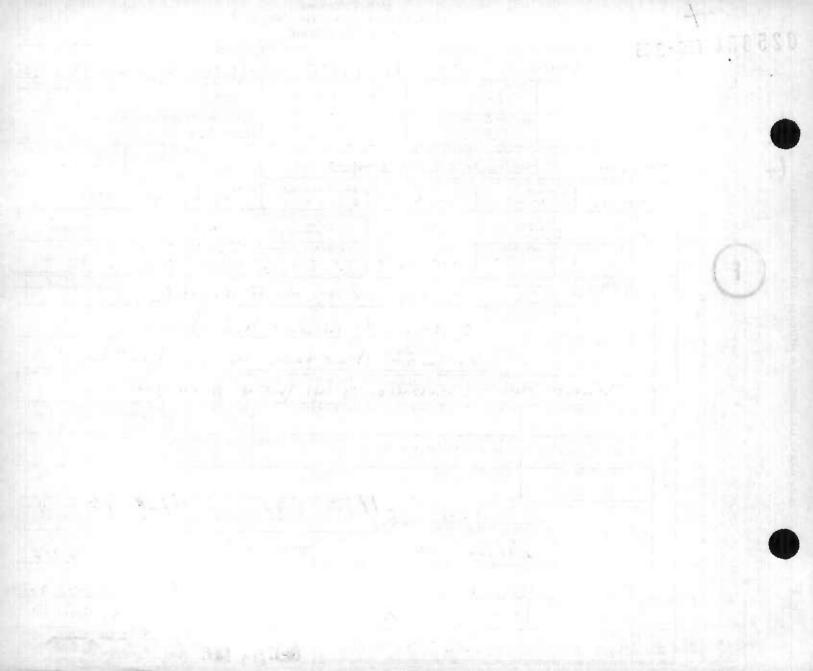
Plson Funeral Services, Frankford, DE

dia Divider Randad

356 DEC -28	3 1	FOR • STATE	ι	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE & O	3 3 0 2	
4 may be arr, page 3 ofter death	1. DE	CEASED NAME FIRST	4 RACE	ILAST TILGHMAN 5. DATE OF BIRTH MONIH DAY YEAR	REG. N 20. DATE OF DEATH NOV. 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26. LEMBER 22, 1986 O	HOUR 1735 M UNDER 24 HRS OURS MIN.
funeral directs		IRTHPLACE STATE OR FOREIGN COUNTRY!	7b. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCE	9 BALTIMORE CITY C Wicomico	PR COUNTY OF DEATH	MD USINESS OR
in 24 mar = Hr y filled in byth should be little	13a.	Lisbury ALRESIDENCE (IF NURSING HOME OR NURS CON NURS CO	OTHER INSTITUTION COM MEDIE	13d. INSIDE CITY LIMITS YES \(\text{NO} \) NO \(\text{P}	? 130 STREET ADDRESS	Tred INDUSTRY ZIP CODE PARI 333 Pr. Hn	End.
and be executed within 24 man completely filled in the pers. Pages 1 and 2 shauld be miled.	160	Vances NAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SQC	15. MOTHERS MAIDEN FIRST IAL SECURITY NO. TONFORMANT	ADDRI 113	104 Kettering Pl	lace
NG PHYSICIAN: The low requires that the death core offending physician. The this certificate has been signed by the offending physician os the burial-transit permit. Then please raining corting on the and Mental Hygiene prior to burial, cremail. The signed or firm 18 shows any injury, or other fraumatic event, the order firm 18 shows any injury, or other fraumatic event, the signed or firm 18 shows any injury, or other fraumatic event, the signed of them 18 shows any injury, or other fraumatic event, the signed of them 18 shows any injury, or other fraumatic event, the signed of them 18 shows any injury, or other fraumatic event, the signed of them 18 shows any injury, or other fraumatic event, the signed of the signed		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	PS S DNSEQUENCE OF	erminal disease or con	APPROXIMATI BETWEEN ONSE	E INTERVAL I AND DEATH
VII AL KECOKO NN: The law requirystican. icate has been si ransit permit. The Hygiene prior to	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		R WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO		S USED DEATH?
DING PHYSICIAN: To or offending physicial after this certificate cas the buriol from its offending olth and Mental Hygis marked or Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TH HOUR A.M. MON	19 Y 21f LOCATION	CURRED (ENTER NATURE OF INJU		STATE
I. OR ATTENDI the hospital or I. DIRECTOR: A stacked for use e Dept. of Heal		22a. I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did) and 22b. SIGNATURE Part 122d. PHYSICIAN'S NAME (TYPE OF	1) view the body after deat	th. DEGREE	ion death occurred on the di	ote and hour and from the cous	
TO HOSPITA To House by To Fune a should be with the Store IMPORTANT		ROBERT BURIAL PREMATION, REMOVAL SPECIFY DUMA	23b. DATE 11-29-86	30 5 10 T	MIVE	non Semeral	21851 Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	a	ddie James.	407 Somers	ADDRESS THE Prency and N	OV 2 8 1986	Julia Signature	date



725	821	+	1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	SIENE 5 C	3	3	2. 0
, 2 0	0041	UE C			RST	MIDDLE		ŁA.	51	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
, 00	oge 3 deoth		(ITPE	Jos	eph	Collin	S	TRI	11TT Jr.	NOVEM	BER	21,19A	01454
ge 4 moy	ector, po		3. SEX	Male		White		5. DATE OF	18 1907°	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DATS	IF UNDER 24 HRS HOURS MIN.
	meral dis m.722 hou	5		RTHPLACE (STATE OR FORE PUNTRY) Maryland	IGN 7	U.S.A.	OUNTRY?	MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY O WICOMICO	R COUNTY O	OF DEATH	MD.
6	Si di	0	Sa	ry or town of death Lisbury		1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Peninsula G	enera	l Hos	other Institution	(TYPE OF WORK FOR MOST OF FORMER	ON F WORKING LIFE)	12b. KIND OF INDUSTRY Farmi	ng
24 Nov	that is	5	13a S	Maryland	. COUN'	Y 13c. CITY	ORTOW	Sprin		136.STREET ADDRESS / Bridge St	zip code reet	21837	
4	130	50	14 FA	THER'S NAME	N	IDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
1	1846	50		Joseph	Coll	ins T	ruitt,		Margaret	Elizabet		Callov	vay
(2)	Poppy Poppy	1		(AS DECEASED EVER IN ES, NO OR UNKNOWN) (1		WAR OR DATES	20-28		P.O. Box 93				37
ING PHYSICIAN: The low requires that the deoth central the executed within 2 hours	d by the offending printed lease remove corbon partial, cremotion, or unanto or other traumotic			PART I. DE ATH WAS Conditions, if ony, w gove rise to immed couse (o), stoling underlying couse	CAUSED MEDIATE hich iote the	DUE TO, OR AS A C	ONSEQUE	NCE OF L		and chr	.)	BETWEENON	ATE INTERVAL
requires t	een signed iit. Then ple rior to burio ny injury, or		CERTIFICATION	PART 2 OTHER SIGNIFICATION IN THE PROPERTY OF		PHOTONS CONTRIBU			AINAL DISEASE OR CON		N IN PART 110	GS USED	
e lov	n. nos b ne p	9	IFIC	THE OTHER DESIGNATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES T NOT		ING CAUSES C	
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02	or offending After this cer se os the buric olth and Men morked or Ite		ME	WHILE NOT WHILE		(AT HOME, STREET, FACTO	DRY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN .	COUNTY	STATE
ATTENDI	TOR: for us of He				live on_	ol) offended the decession view the body offer de	19_		d that in (my) (our) opinion	, to death occurred on the de	ote and hour		
AL OR	the hos AL DIREC detoched of Dept.			22b. SIGNATURE	7.	Satm.	M	С	EGREE ATTENDING PHYSICIAN &	MEDICAL STAI	FF IAN []	22c. DATE S	10/86
HOSPIT	TO FUNERAL DII should be detoch with the Stote De IMPORTANT: If It	/	E	JOSEPH Z.					27. ADDRESS 218. B EASTE	RN SHORE DA	SIUE S		
5	용 C 용통 호 BP	1	23a. B	URIAL, CREMATION, RE/					METERY OR CREMATORY Cemetery	Mardela,			
	MH - 16 60M 7/ (VRA 15, 4)	84	24 FL	ineral director followay Fun	eral				250. DA	TE REC'D. BY REGISTRAR	25b REGISTR	-	



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257:	3 8 DEC -3	I. DE	CEASED NAME	FIRST	MIDDE			AST		2a. DATE OF	REG. NO.	H DAY	YEAR	26. HOUR
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)e 4 mo	s offer. p	3. SE	Female.	4 RAC	hite		5. DATE C	21	56	89		MON	THS DAYS	HOURS MIN.
death. Poge	36 36	7a. B	RTHPLACE (STATE OR FORE		ZEN OF WHA	AT COUNTRY?	MARRIEI WIDOWE	DINEVER MAR		9 BALTIMOR Wicomi	E CITY OR CO		DEATH	MD
ofter	of the f	110 C	ITY OR TOWN OF DEATH	Pen	ME OF HOS	PITAL, NURSII	NG HOME C	R OTHER INSTITU			CCUPATION FOR MOST OF WOR	KING LIFE)	12b. KIND O INDUSTRY	esturin
ND 2120	illed in by	13a	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER IN	ISTITUTION, GIVE	RESIDENCE BEFORE	VN -	134 INSIDE CITY I	LIMITS?		poress / zip	•		
ARYLA within	npletely fi	JU.JE.	ATHER'S NAME FIRST John	мірріє Не 1		LAST	rison	15. MOTHER'S MA	AIDEN NAM		WIDDIE		Hosi	
BALTIMORE, M.	Pages Medicol		WAS DECEASED EVER IN		DRCES? 16b	SOCIAL SECT		17 INFORMANT	E. P	hilli	^60529 ps Col		view a, M	
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₹ 5			couse in the immed	fiate)	JE TO, OR AS	A CONSEQU	ENCE OF	Let	Pace	-			4	
20	Then ple to but njury, or	NO	PART 2 OTHER SIGNIF	ICANT CONDIT	IONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED TO	HE TERMI	INAL DISEASE	OR CONDITION	IN CAVEN	IN PART 10	
L RECORDS,	e has beer sit permit.	CERTIFICATION	190 DATE OF OPERATIO	N 9191	CONDITIO	N FOR WHICH	OPERATIO	NAS PERFORMI	ED	YES T	PSY? 206	. IF YES, W CERTIFYIN YES		OF DEATH?
OF VITA	ding physician. Is certificate has burial-transit per Mental Hygiene. Them 18 shows		216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH	D. TIME OF IN	MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NAT		EM 18 PART	I OR PART 2)	
DIVISION OF VITAL	the the ond ond	MEDICAL	21d. INJURY OCCURRED	216	PLACE OF I	NJURY FACTORY, OFFICE,		21f LOCATION	166		CITY OR TOWN		COUNTY	STATE
IENDIN	pital or atter TOR: After the for use as the af Health and 21 is marked	<	220. I certify that (I) (the	alive an	111	12 19/	£= ,01	1 2 , 1 and that in (my) (au	19 FE	to	on the date of	nd hour or		that (I) (we) last
L OR AT	has ched ched Dept hem		22b. SIGNATURE	not view	the body title	1,00			ENDING	MEDICAL	STAFF PHYSICIAN	D	22c. DATE	SIGNED /
OSPITA	TO FUNERAL I should be deto with the Stote I IMPORTANT: If		John C.		MD			220 ADDRESS Locust					isbur	v, MD
101		23 a.	BURIAL, CREMATION, RE	MOVAL 23b	DATE 1-17-			EMETERY OR CREA	MATORY	23d. LOCA				
	MH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director Zelier Fur						25a. DATE	E REC'D. BY RE	GISTRAR 25b. F	REGISTRAF		URE
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10	by the	0		ALISBURY	R	IVER	WALK	NURS	ING	HOME	2	dome				sitter
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N X	within d 2 s	12	4. FA1	HER'S NAME FIRST	WIDDIE	E	LAS	ī	15	MOTHER'S MA		·Ε	MIDDLE		LAS	
W	du du de	29		onald			Johns			Daisy			1000	55.0	Mo	orris
BALTIMORE, MARYLAND	S S S	1		AS DECEASED EVER IN	U.S. ARMED I		166 SOCIAL	SECURITY I		INFORMANT		,	ADDR			
LTIM	e s	1		10						Preston	Whale	y/same	e as a	above	ADDRZAV	
	icote			18 CAUSE OF DEATH (PART I. DEATH WAS	Enter only one CAUSED BY:	e couse per	/ n			1000	0.	.1.	+			ONSET AND DEATH
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AL R	The Lion.	1	RTIF			77						YES 🗌	NOX	YE	S 🔲	NO 🗌
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OISI	PHY tendir this he bu nd M		MED	21d INJURY OCCURRED		TIE PLACE (OF INJURY EET, FACTORY, O	FFICE, FARM, ET		STREET			CITY OR TO	NWC	COUNTY	STATE
NIG	OING P or offer the e os the ofth one			WHILE NOT WHILE AT WORK				W	ray	28	86	1	100	26	10.86	
	OR: OR: I is I			22a I certify that (the saw the deceased)	olive on	May	Emby 7	6 86		not in (out	r) opinion de	eoth occurre	-		ond from the	that the (we) lost
	OR AT DIRECT DIRECT Dept o			obove, (# (we) (did	(did pot) viev	w the body	ofter death.		DEG		,				22c DATE	
	the the Dilling of the Del			His.		d	Hill	A.	M	ATTE	NDING	MEDICAL	STA	FF CIAN []	11/	76/81
	SPITA LERA LERA Sto	7		22d. PHYSICIAN'S NAM	E (TYPE OF PRINT	τ)		1)	77	• ADDRESS	A A	AI O	/	O	1 1	00/00
	TO HOSPITAL of retained by the TO FUNERAL (should be detownth the State (IMPORTANT: IF)	71		THOMAS	C.	Hil	11 T	R		Pino.	Blu	4 R	ood	Sal	is bUR	y Md
	retor Shou		23o. Bl	JRIAL, CREMATION, RE	MOVAL 731	b. DATE	, 3,	23c NAME	OF CEME	TERY OR CRE	MATORY		MOITA	1		
	BP		B	urial	1	2/1/8	6	Everg	green	Cemet	ery	Berl	In	W	orceste	r Ma.
	DHMH - 16 60M 7/	B4	24 FUI	NERAL DIRECTOR						Road	250. DATE	REC'D. BY R	EGISTRAR		RAR'S SIGNAT	
1	(VRA 1S, 4)		Jo	olley Memor	ial Cha	apel	Sali	sbury,	Md.	21801	DE	64	986	Julia ,	Teridon.	Pandace

Children Carlette ... remin Maria de la companya STATE OF THE STATE

	1	STATE OF MARYLAND	0 0 0	
025965 DEC	12	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O		
O E O O O O DEC	30	REDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR Zb. HOUR	
ASE S.S.S.S. ET,		Gladys L Waters DEATH MATED LNOV	24 ,86 D128	
E SE	3 SE)	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH ASS BIRTHDAY) MONTHS DAYS I HOURS I MIN PRONOUNCED	DAY YEAR 24 HOUR	
ON SUR		emale Black May 12 '10 /6 YRS,	1 ,86 pl28	
RALL ALL	70. B	IRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	TY OF DEATH	
S NECESSARY, PLEASE PEUNERAL DIRECTOR. E. P. GOR YOUR FILES. D. WITHIN 72 HOURS	45	MIC. 11.5, WIDOWED DIVORCED WICOMICO	MD	
	10 C	ITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12b KIND OF BUSINESS OR INDUSTRY	
DELAYS TO THEFE TO THEFE	Sa	alisbury / Peninsula General Hospital Lyburgy	OK II I DOUTH	
	USU/ 13a. S	AL RESIDENCE (IF IN NURSIFIED AND OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	218611	
AND 3		aryland Somerset Upperfairmount ves No IX Box 277 Jones 9	Road	
		ATHER'S NAME	1463	
BALTMORE, MD. BALTMORE, MD. GIVEN BES 1, 2, PM 3, PM	V		MEARS	
O COLOR	16a V	MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.	TIEATS	
	1	ES, NO, ORLYKHOWN) (IF YES, GIVE WAR OR DATES) 217-14-8122 Martin L. Materi		
000 2 20	-	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL	
W. PRESTON ST., WITHIN 24 HOUG ENCLI IN ITEM 1 MINER ALONG TRANGI PERMIT TRANGI PERMIT TRANGI PERMIT OR REMOVAL.		PARTIDEATH WAS CAUSED BY:	PETWEEN ONSET AND DEATH	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		IMMEDIATE CAUSE (a) CATATAC ALTEST (DUE TO, OR AS A CONSEQUENCE OF	* 11(2:1000)	
EACH TEN		Conditions, if any, which any rise to immediate (h) Myocardial Infarction	7 hrs.	
A TRANSPORTED		gave rise to immediate (b) PTY OCAT ATAT TITE AT COLOTI	11110.	
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NI RECORDS, 2011 JULD BE EXECUTED PENDING" IN PR FEF MEDICAL EXA SED AS A BURIAL FEFALTH AND ME AL, CREMATION, (Z	ATTACK OF THE LEMBING POLICY ON COMPITION OF THE PART I IN		
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ON OF PIFICATE TO THE VOULD OR TO		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19		
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PORTE SATE SIND, ND, ND,		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . Inquiry . Inquiry . Inquiry .	pinian	
WE W		death resulted fram: Natural causes 📈, Accident 🔲, Suicide 🔲, Hamicide 🛄 Undetermined manner 🔲,		
EXAMILE CERTIFICATION OF THE CONTROL		ACTUAL HAROLINA O 11 AM DO DATE	77 104 106	
RATE STATE	-	SIGNATURE CHOWAS CHILD M.D. Deputy MEDICAL EXAMINER SIGNI	11/24/86	
MEDICUTE CCUTE FILME TIMO	1	EXAMINER'S NAME Thomas C. Hill, Jr., M.D. Pine Bluff Road, Sai	Lisbury, MD	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEACTOR: AFTER DEACTOR: BALTIMORE, MARYLAND,	1	ADDRESS	LIBRALY, MD	
F W & F ≪ Ø	73a.B	URIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 123d LOCATION PITY OR TOWN	אומים אומים	
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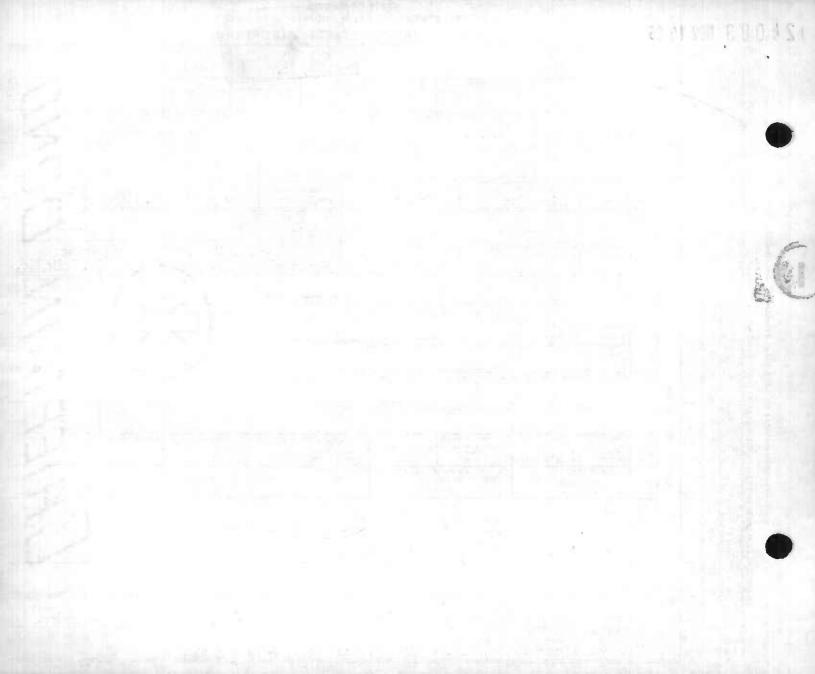
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RE, MD.	EATH PASS	14. F/	John		MIDDLE rancis	Wha	ley		15. MOTHE	R'S MAIDEN	NAME	MIDDL			Hearn	
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CORDS,	D BE EXECUTED ENDING" IN PROBLICAL EXALAS A BURIAL-CREATH AND MECREMATION,	NO	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT REL	ATED TO THE TERA	AINAL OISEASE	DB CONDITIO	N GIVEN IN PAR	T 1 to					
HOULD BE BROWN WENT OF HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPS	Y?			
DIVISION OF VITAL RECORDS,	VISION OF VITAL RECERTIFICATE SHOULD TOTHE WORD "PE DED TO THE CHIEF A 3 SHOULD BE USED. FEROR TO BURRAL, O FRIOR TO BURRAL, O		UNDERLYING	L CAUSE WAS XX OR NG CAUSE OF I		MONTH	DAY YEA L-4 19 8	R				TURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART		
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	MINER: HEICATE BE FOR HTHE STAND,			ly that I taak charg	e of the remains der	ribed obo	ove, held on	Autops	Hamio	Inspection		Inquiry		d in my ары	nian	
	MEDICAL EXA CGE 4 SHOULD FUNERAL DIRE TER DEATH, WIT		ACTUAL SIGNATURE,	Ulle	reef 10	he	MI	Melan	ASS			AL EXAMINI		DATE		
	EXECUTOR PAGE	23a. B		TION, REMOVAL 2		-	M.D.	METERY OI	ADDKE 35_		enn S	t., Ba	alto.	, Md.	2120	1
07/84	BP		Bur		11/8/1986	M	icomic	o Mer			Sal	isbury,	, Wice	omico	,Marylo	and
25M	DHMH - 17 (VR A15 ME (5))		NAME		l Home, P.	۸ ٥	alichus	. AA-			EC'D. BY R	EGISTRAR	256 REGIS	TRAR'S SK	GNATURE	
	(AK WID WE (3))		DITOWG	y i onerd	i nome, r.	۸۰, ۵	TUGSTID	y, IVIO	rytaric	NO.	W1	1 1986	1	- D.	1	4-1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH TYPE OR PRINTS ESTI-DEATH MATED 1540 Thad White Edward 12.86 A AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH 24 HOUR IF UNDER 24 HRS 2c. DATE LAST SIRTHDAYS PRONOUNCED 72 12,086 154.0 Male White 10 14 DEAD To BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Wicomico WIDOWED [DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Willards Wicomico No X Bent Pine Road Maryland BALTIMORE, MD. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Edward White Deborah Harmon C. Lee 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 217-90-1736 Edward C. White, Willards, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Closed Head Trauma 4 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION MER: THIS CER.

ICATE, WRITING THE.

F. FORWARDED TO THE C.

R. PAGE 3 SHOULD BE USEL.

TE DEPARTMENT OF HEAL.

TO BURNAL OF 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH operator Honda ATC that overturned 1986 21e PLACE OF INTURY II LOCATION STREET, FACTORY, FARM FTC 1 WHILE WHILE AT WORK field Woodyard Rd. Willards. Wicomico. Md. TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. V PAGE 4 SHOUTD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH WILLS ITHE STABLISHORE, MARYLANDS.72 220. I certify that I taak charge of the remains described above, held an Inspection 3 Inquiry X and in my apinian Accident XX Hamicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) 11-12-86 Deputy MEDICAL EXAMINER EXAMINER'S NAME John M.D. ADDRESS. (TYPE OR PRINT) Salisbury, Maryland 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Willards Burial 11-15-86 Cooper Family Cemetery Wicomico 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6 3	3 3 3 3
670 NOV 12	IODE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
oy be		Lucille	M.	WILLIAMS 15 DATE OF BIRTH	NOVEMBER 6 AGE (IN YEARS LAST BIRTHDAY)	5-1986 0845 M
ge 4 m	3. SE	Female	Cayawian	MONTH DAY YEAR 17 1901	84 YRS.	MONTHS DAYS HOURS MIN.
deoth. Page	70.8	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	Y OF DEATH MD.
by the for		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Peninsula Gener	NG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION [TYPE OF PORK FORMOST OF WORKING L	12b. KIND OF BUSINESS OR
filled in confid be formatter	USU 13a.	STATE 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130. CITY OR LOV	VN 134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
moletely of 42 sh	14 F.	Willard	MIDDLE MAST	15. MOTHER'S MAIDEN NO.	MIDDLE	Thomas
Poges 1		MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 220-67	URITY NO. 17 INFORMANT - GSGY Mas W. No.	uton Grey Sc	1731 Riverside Dri. Salisbury Mel 2k
of the decirrentican by the offerding ship is se remove an open angle cremotion, d		PART I. DEATH WAS CAUSI	nly one couse per line for (0), (b), or ED BY. TE CAUSE (0) DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEQL	gestere He	and facility furtion	approximate interval Between onset and death a cuf 3 La +
equires that a signed by Then please r to burial, cr injury, or ath	NOI		(1c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART I/o
on. hos bee r permit.	CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
SICIAN: The ng physicic certificate unicl-transit tental Hygic lifem 18 The name of the na	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHY:	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DO OR:		sow the deceased alive or	n 19 ottended the deceased from 19 ott view the body after death.	ond that in (my) (our) opinion	death occurred on the date and ha	. 19
the horner to the population of the population o		276 SIGNATURE 274 PHYSICIAN'S NAME TYPE	estes)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12 DATE SIGNED
TO HOSPITA TO FUNERA should be de with the Stot	22		LLIS MD	NAME OF STATES OF STATES	In the All OF D	
BP	230	BURIAL, CREMATION, REMOVAL	11/8/86 A	Sbury Cemeter	TINCESS A nne	
DHMH - 16 60M 7/B4 (VRA 15, 4)	The second	ANNER OF THE PROPERTY OF THE P	inna The	send Horse NO	VEREC'D. BY REGISTRAR 256, REGIS	RAR'S SIGNATURE

A seemed M. I was the continue of the second C. Miller and the State of the Committee There is broken broken to The second secon 11/84 2 to the Edward Commence of Water a new Same and Ald

4 1 4 1 NO	13	FÓR STE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
m 5		CEASED NAME FIRST	MIDDLE		WROTEN		MONTH DAY YEAR	26 HOUR		
deort deort	1	WILLIA		W	Roten, Jr.		13,1986	2121		
oge 4 moy be rector, page 3 urs after death	3. SE	Male	4. RACE White	MONT		6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24		
h. Pog	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	Dec DUNTRY? 8 MARRII	11, 1939 D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH			
deol deol	1000	Maryland ITY OR TOWN OF DEATH	USA	WIDOW		Wicomico				
by the	Sa	lisbury	(IF NOT IN SUCH FACILITY, G Peninsula G	SIVE STREET AGORESS)	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY			
filled in ourd b	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE MAN COUNTY)	other institution, give resider ITY I3c, CITY Cris	nce before admission) Or town sfield	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE,			
ed within	U		V. Wrote	LAST 9n	15. MOTHER'S MAIDEN N. FIRST Lucil	AME	Crockett			
e executed		VAS DECEASED EVER IN U.S. AR. (IF YES, GIV Vietr	E WAR OR OATES) 215.	-36-2150	Barbara L.	Wroten - sam		le		
certificole be		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D.RV.		Myeloma			MATE INTERVA		
The law requires that the death cricion. The has been signed by the attending premit. Then please remove configure prior to burial, cremation, at staws any injury, as other traumatic.	z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO		NOT RELATED TO THE TER	minal disease or cond	DITION GIVEN IN PART 110			
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH		
YSICIAN: The sing physicion is certificate hourial-transit Mental Hygier in them 18 sharing the single in the sing		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. MON		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR				
TTENDING PH pital or attenthi TOR: After thi for use as the k for Use of Health and J of Health and J	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	AM CONNIA	STA		
	1	220-1 certify that (1) (this haspr saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the decease	d from 3 A	nd that in (my) (aur) apiniar	, , , ,	, ,	that (I) (we causes state		
OR A DIRE Oched Dept		226 SIGNATURE	7 Just			MEDICAL STAF	FIAN [SIGNED 3/66		
TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT: I		22d PHOREIAN'S NAME (TYPE O	- Martin	M.O.	145 E.	Carroll 3	5t. , 5a 1.'s	bury		
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/16/86		emetery or crematory dge Cemetery		- Somerset	- MD STA		
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	JNERAL DIRECTOR Bradshaw & So	ns - Crisfie	id, MD	21817 25a. DA	EUEV. D BY EGISTAM	25h. Elicipies Appropriation	Wilanda		

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